State of Maryland / Department of Health and Mental Hygiene, Reg. No. 2006 For State Registre Certificate of Death 2. Date of Death 1. Decedent's Name (First, Middle, Last) Day **Physician** September 11, 2006 3:50 A M Martha Irene Kauffman /Medical 4b. City, Town, or Location of Death 4c. County of Death 4a. Facility Name (If not institution, give street and number) Examiner Anne Arundel Anne Arundel Medical Center Annapolis Birthplace (State or Foreign Country) If Under 1 Year | If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 06/01/1911 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** Months Days Hours 1 M 2 XF Yrs. DC 95 Washington, Director 579-24-1695 Usual Residence of Decedent death with the Maryland 10c. City, Town or Location 10d. Inside City Limits 10b. County 10a. State Worle r then "natural", or iteme 23a or 28a-f ehov the Medical Examitrer must be notified at 1X Yes 2 □ No Bowie Directo Prince Georges Maryland 10g. Citizen of What Country? 10e. Street and Number 10f. Zip Code USA 4106 Woodrow Lane 20715 Funeral 12. Was Decedent Ever in U.S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give 14. Race - American Indian, Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status Black, White, etc. filed within 72 hours after 1 Never Married 2 Married Maryland 21215-0036 1 ☐ Yes 2 No Specify: Specify þ 3 X Widowed 4 ☐ Divorced White Completed 16a. Decedent's Usual Decupation 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) (Give kind of work done during most of working life. DO NOT use retired) Government al Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) Printing Office Book Binder permit. Pages 1 and 2 should be filed v Department of Health and Mental Hygien Important: if Item 27 is marked other tt any injury or other treumatic event, III.a. once. 6 18. Mother's Name (First, Middle, Maiden Sumame) 17. Father's Name (First, Middle, Last) Be Grace Lee Kidwell Robert Pumphrey 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) 4106 Woodrow Lane Bowie, MD 20715 Don N. Kauffman/ Son Baltimore. 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 20a. Method of Disposition 1X Burial 2 ☐ Cremation 3 ☐ Removal from State 09/13/2006 4 □ Donation 5 □ Other (Specify) Suitland, MD Cedar Hill Cemetery 22. Name and Address of Facility Robert E. Evans Funeral Home 21. Signature of Funeral Service Licen 16000 Annapolis Road Bowie, MD 20715 23a, Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) **Physician** INMACRAN. A /Medical Due to (or as a consequence of) Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of) Examine physicien and the burial-transit The law requires that the death certificate be executed Due to (or as a consequence of) Box 68760. Physician/Medicai the 25 attending for use as IF FEMALE 23c. If yes, outcome of pregnancy 1 ☐ Live birth 2 ☐ Fetal dea 23d. Date of delivery 23b. Was decedent pregnant 2 Fetal death 3 Ectopic pregnancy in the past 12 months2 Month Year Day 4 Pregnant at time of death 5 Other (specify) ed by the a Ö 9 Unknown 9 Unknown Records, P. 23e. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. þ 1 Yes 2 No 3 Probably 4 Johknown Completed 24a. Was an autopsy performe 24b. Were autopsy findings available prior to completion of cause of death?
1 □ Yes 2 □ No 2/2/No 1 Yes Division of Vital fo the Hospitel or Attending Physician: : After this certifice funeral director, I 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: ٩ 1 ☐ Yes 2 ☐ Mo 1-Inpatient 2 ER/Outpatient 3 DOA 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? 27. Manner of Death Certification: 5 Pending investigation 1. Natural efter death.
I Director: All
d in by the fur 1 ☐ Yes 2 ☐ No 2 Accident 28f. Location (Street and Number or Rural Route Number, City or Town, State) 6 ☐ Could not be 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide within 24 hours e **Contrying Physician: To the best of my knowledge, death occurred at the time, date and clace, and dire to the cause(s) and menner as stated 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a Certifier Medical 29d. Date signed (Month, Dav. Year) 29c. License number 29b. Signature and title of certifier. 005 MY 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 3 worms 2001 31. Date filed (Month, Day, Year) 32. Registrar's Signature State SEP 15 2006 Registrar

Please Type or Print in Black Indelible Ink. Ensure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 006 31002 For State Registrar Certificate of Death Reg. No. 2 Date of Death 3. Time of Death Decedent's Name (First, Middle, Last) September 18, Year 2006 4:05 A M **Physician** Thavee Keetachiva /Medical 4c. County of Death 4b. City, Town, or Location of Death 4a. Facility Name (If not institution, give street and number) Examiner Montgomery Rockville Casey House If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month Day, Year) Aug 16, 1919 9. Birthplace (State or Foreign 7. Age (In yrs. last birthday) 5. Social Security Number 6. Sex **Funeral** Months Days Hours 1 ☐ M 2 🗓 F Thailand 87 216-21-7714 Director Usual Residence of Decedent filed within 72 hours after death with the Maryland 10d. Inside City Limits 10c. City, Town or Location 10b. County 10a. State r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at ¥ Yes 2 No Director Rockville MD Montgomery 10g. Citizen of What Country? 10f. Zip Code 10e. Street and Number Thailand 5901 Montrose Road #N102 20852 Funeral 12. Was Decedent Ever in U.S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian 11. Marital Status Black, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: Specify: Asian Completed by 3 X Widowed 4 ☐ Divorced 16a Decedent's Usual Occupation 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Give kind of work done during most of working life. DO NOT use retired) od 2 should be filed within 7 lith and Mental Hygiene.
27 is marked other than "! r treumatic event, the Max Elementary/Secondary (0-12) 10College (1-4or 5+) Movie Producer Entertainment 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Sard ပ Luk Sasavimonluk 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) 5901 Montrose Rd, #N102 Rockville, MD 20852 Sandra P. Keetachiva/daughter is 1 and 2 of Health item 27 other tr 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 20a Method of Disposition Pages 1 nent of H ant: if ite 1 ☐ Burial 2 X Cremation 3 ☐ Removal from State permit. Page Depertment of Important: if any injury of Chesapeake Crematory | 09/19/06 Beltsville, MD 4 ☐ Donation 5 ☐ Other (Specify) 21. Signatur Funeral Service License Going Thomes Cremation Service P.O. Box 784 MO125 Beverly L. Heckrotte, P.A. Clarksville, MD 21029 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Onset and Death Immediate Cause (Final disease or condition resulting in death) a Aspiration Pneumonia Physician /Medical Due to (or as a consequence of) Examiner b Advanced Dementia, Alzheimer's Type Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury Due to (or as a consequence of): Examiner requires that the death certificate be executed attending physicien and for use as the burial-trans that initiated events resulting in death) Last Due to (or as a consequence of): Physician/Medical IF FEMALE: If yes, outcome of pregnancy 1☐Live birth 2 ☐Fetal death 23d. Date of delivery 23b. Was decedent pregnant 3 Ectopic pregnancy Month Day Year in the past 12 months? 4☐Pregnant at time of death 5 Other (specify) been signed by the should be detached 9 Unknown Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? à 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown Completed 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Yes 2 No 1 ☐ Yes 2 ☐ No 1 ☐ Yes Physician: 26. Place of Death (Check only one) director 25. Was case referred to medical examiner? Be Other 4 \square Nursing Home 5 \square Residence 6 \square Other (Specify) hospice 1 ☐ Yes 2 📉 No 1 Inpatient 2 ER/Outpatient 3 DOA ဥ To the Hospitel or Attending Phys within 24 hours efter death.

To the Funeral Director: After this completely filled in by the funeral di 28c. Injury at Work? 28a. Date of Injury (Month, Day Year) 28d. Describe how injury occurred 28b. Time of 27. Manner of Death Certification: Attending 1 X Natural 5 Pending Injury 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 ☐ Suicide 4 Momicide to the cause(s) and manner as stated. 29a. Certifier Medical 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifier

State Registrar

Baltimore, Maryland 21215-0036

.O. Box 68760,

ď

Records,

Division of Vital

Cynthia M. Williams, D.O. 6001 Muncaster Mill Rd. Rockville, MD 20855 32. Registrar's Signature 31. Date filed (Month, Day, Year) SEP 1 8 2006 alus

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

nthia M Williams, Do

H0058032

September 18, 2006

Please Type or Print in Black Indelible Ink. Ensure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygie () 6 Certificate of Death 2. Date of Death 3. Time of Death 1. Decedent's Name (First, Middle, Last) Year 09708/2006 **Physician** 2:30 Рм Ralph Loschiavo /Medical 4c. County of Death 4b. City, Town, or Location of Death 4a. Facility Name (If not institution, give street and number) Examiner Crofton Convalescent Center Anne Arundel Crofton Hours Min. 8. Date of Birth (Month, Day, Year, 06/20/1926 If Under 1 Year Months Days Birthplace (State or Foreign Country) 7. Age (In vrs. last birthday) 5. Social Security Number **Funeral** 1 XM 2 ☐ F 80 Italy Director 577-56-3754 Usual Residence of Deceden 10c. City, Town or Location 10d. Inside City Limits 10a State 10b. County r than "natural", or items 23s or 28s-f show the Medical Exeminer would be notified at 1 √ Yes 2 No Director Maryland Prince Georges Bowie 10g. Citizen of What Country? 10f. Zip Code 10e. Street and Number 20715 USA 12319 Stonehaven Lane hours after death 13. Was Decedent of Hispanic Drigin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. Was Decedent Ever in U.S. Armed Forces? 1 ☐ Yes ≥ 2 XNo If Yes, Give Year or Dates: 14. Race - American Indian, Black, White, etc. 1 Never Married 2 Married Baltimore, Maryland 21215-0036 1 ☐ Yes 2 🗓 No Specify: Specify: ģ 3 XWidowed 4 ☐ Divorced White Completed 16a. Decedent's Usual Decupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Hygiene. College (1-4or 5+) Elementary/Secondary (0-12) Home Construction Brick Mason h and Mental Hygier 7 is marked other to 18. Mother's Name (First, Middle, Maiden Sumame) 17. Father's Name (First, Middle, Last) Be pe mit. Pages 1 and 2 should be Deportment of Health and Mental Innocrtant: If item 27 1s marked any injury or other traumatic events. Teresa Trentadue Jose Loschiavo 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) 425 Lobolly Way Grasonville, MD 21630 Lisa Loschiavo/ Daughter 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 20a Method of Disposition 1 ☐ Burial 2 XCremation 3 ☐ Removal from State 09/14/2006 Waldorf, MD 4 ☐ Donation 5 ☐ Other (Specify) Huntt Crematory 22 Name and Address of Facility Robert E. Evans Funeral Home 21. Signature of Furiaral 16000 Annapolis Road Bowie, MD 20715 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final Physician Atherosclerotic Cerebrovascular Disease Months disease or condition resulting in death) /Medical Due to (or as a consequence of) Examiner Chronic Obstructive Pulmonary Disease Years Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury Due to (or as a consequence of): Examine attending physician and I for use as the burial-transit be executed Months Dementia that initiated events resulting in death) Last Due to (or as a consequence of): Box 68760, Physician/Medical 23c. If yes, outcome of pregnancy 23d. Date of delivery 23h Was decedent pregnant 3 Ectopic pregnancy 1 Live birth 2 Fetal death Year Month Day in the past 12 months? 4☐Pregnant at time of death 5 Other (specify) signed by the at d be detached for 1 ☐ Yes 2 ☐ No 9 Unknown 9 Unknown 23e. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Records, Completed by 1 ☐ Yes 2 ☐ No 3 X Probably 4 ☐ Unknown Old History of Lung Cancer been si 24b. Were autopsy findings available prior to completion of cause of death? 24a Was an certificate has b irector, page 2 s autopsy 1 ☐ Yes 2 ☐ No of Vital Attending Physician: 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 XNo Medical Certification: To 1 Yes After thi 28c. Injury at Work? 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 27. Manner of Death Division 5 Pending 1X Natural 1 TYes 2 TNo death. investigation Director: A 2 Accident 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 🗌 Suicide illed in by 4 - Homicide 0 within 24 hours a

To the Funeral I

completely filled Hospital 1 Xcertifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated 29a. Certifier 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. To the 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifier

8

o

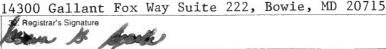
۵.

State Registrar

31. Date filed (Month, Day, Year) SEP 1 5 2006 SEP

Rakesh Arora, M.D.

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)



31004 State of Maryland / Department of Health and Mental Hygien ?

			1 - State Registrar		C	ertificate	e of L	Death			Reg. No).	•	0.0	•
٦			1. Decedent's Name (First, Midd	e, Last)						2. Date of De	ath			3. Time of D	Death
	Physici		Thomas	Jefferson	I	apham				Month Septer	$^{ extstyle{ iny Da}}_{ extstyle{ iny Da}}$	^y 12	2006	0825	М
1	/Medio		4a. Facility Name (If not institution	n, give street and number)		4b. City,	Town, or	Location of	of Death	•			of Death	0023	
	LXdiiii	101	Anne Arundel M	edical Center		An	napo	lic				Ann	e Aru	nde1	
	Funeral		5. Social Security Number		(In yrs. last birthd	ay) If Under	1 Year	If Under	24 Hrs.	8. Date of Birt	th			ace (State or	Foreign
	Director		337-24-9918	XXM 2□ F 7	5 Yrs	Months .	Days	Hours	Min.	(Month, Da Feb 19	y, Year)		Coun	nois	· · · · · · · ·
			Usual Residence of Decedent							LCD 17		-		.11010	
	ylan Wor		10a. State 10b. County		10c. City, Town o	r Location			–				10	d. Inside City	Limits
	Mar.	to	MD Anne	Arundel	Arnold	l								1 ☐ Yes	2 XX No
	1 the	rec	10e. Street and Number			10f. Zip	Code				10g. Cit	tizen of V	What Coun	try?	
	38 o	0	1396 Baltimore	Annapolis Bl	vd.		21	012				US	A		
	death with the Maryland rna 23s or 28s-f ehow Frivat be notified at	Funeral Director	11. Marital Status	12. Was Decedent Ev		3. Was Deced	lent of Hi	spanic Ori	gin? (Spec	ify Yes or No	.		e - America		
0	or its		1 ☐ Never Married 2 🛣 Mar	ried Armed Forces?	,	If Yes, spec			i, Puerto H	lican, etc.)			ck, White, e	_	
3	all,	b	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Year or Dates: K	orea	1 ☐ Yes 2	2LXNo	Specify:				Specify	v: Wh	ite	
5	filed within 72 hours after Hygiene. ither then "natural, or fle int, the Medical Examina	Completed	15. Deceder	it's Education st grade completed)	16a. De	ecedent's Usua	I Occupa	ition	t of worden		16b. K	ind of Bu	usiness/Ind	ustry	
V	Fa.	g	Elementary/Secondary (0-12)	College (1-4or 5+	111	e. DO NOT us	e retired,)	OF WORKIN	g					
7	w be re thank	Ö		5+	Off	icer					US	MC			
	e the	Be (17. Father's Name (First, Middle,	Last)				18. Mothe	r's Name	(First, Middle,	Maiden	Suman	10)		
0	should be nd Mental marked o	10	Thomas Jeffers	on Lepham				Lill	ian I	Dornbui	g				
<u>8</u>	is 1 and 2 should be filed within 72 hours after death with the Marylan of Head and Medial lygiene is the 23a or 28a-1 show item 27 is marked other then "natural", or itema 23a or 28a-1 show other traumatic event, it a Madical Exaction right by notified at	ľ	19a. Informant's Name/Relations	hip (Type, Print)	19b. M	ailing Address	(Street a	nd Numbe	or or Rural	Route Number	er, City o	or Town,	State, Zip	Code)	
Ξ	and 2 eeith a n 27 ie		Julia P. Lapha	m (Wife)	139	6 Balt	. An	n. B1	vd,	Arnold,	MD	210	12		
ב	tterr oth		20a. Method of Disposition	_	20b. Place of Di cemetery,	sposition (Nan	ne of	a) T	Da	ite	20c. L	ocation -	City or Tox	vn, State	
	Page ent c nt: if ry or		1 Burial 2 Cremation 4 Donation 5 Other (5	3 ∐Removal from State Specify)	Metro (_			-13-2	2006	Ba1	timo	re, M	m	
Dallino	permit. Pages: Department of H Important: if ite eny injury or ot		21. Signature of Funeral Service	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			-			Home, I			,_		
ŏ	Deparement Deparement Important In Succession Contraction Contract	100	1.C	f		12 R	esty	rune 157 Av	ral I	nome, i , Annap	.A.	c 1M	m 21/	0.1	
			23a. Part 1. Enter the disease, of	complications that caused to	ne death. Do not							J, 11	U 217	Approximate	
	Dhaminian		Immediate Cause (Final	only one cause on each line	Od	7 7		1						Interval Between Onset and De	
	Physician /Medical		disease or condition resulting in death)	a	qua	cy /	au	un	7						
	Examiner			Due to (or as a	consequence of):	1									
	4	-	Sequentially list conditions,	b. Due to for as a	curson ence of):	land	e								
	ted is	Examiner	if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	K	4										
	and and	xan	that initiated events resulting in death) Last	c. Due to (or as a	consequence of):			_	_	_			-		
Š	be e ician buria														
ò	eath certificate be executed attending physician and for use as the burial-transit	Medical		d											
ζ.	ding se as		IF FEMALE:	23c. If yes, outcome of	Dreonancy										
2	es that the death cer igned by the attendin be detached for use	Physician	23b. Was decedent pregnant in the past 12 months?	1 ☐ Live birth 2 4 ☐ Pregnant at til	Fetal death	3 Ectopic pre						23d. Dat Mo	te of deliver	y Day Ye	ar
5	the d	yslc	1 ☐ Yes 2 ☐ No 9 ☐ Unknown	9□ Unknown	ne or death	5 ☐ Other (spe	эспу)								
_	hat ti ad by detac	P.	Part II. Other significant condition	ons contribution to death but	not resulting in th	e underlying ca	uca ana	n in Part I		23a Did to	ahacco i	isa conti	ributo to the	cause of dea	ath?
Ď	signe be d	þ	Tarrit office organically contain	one contributing to abatin but	not resulting in the	e underlying ca	inse Aise	en in Faul I.			-				
5	neen:	ted								101	95 21	□ N0	3 LI Proba	biy 4 □Un	Known
מ	ne iaw require has been sig ge 2 should b	Completed								24a. Was		24b. \	Were autop	sy findings av	allable
_	The ete h page	ő								perto	rmed? 2 No		leath?		
3	sian: artific ctor,	Be (25. Was case referred to medica examiner?			7.100		26. Place	of Death	Check only o	ne)	-			
•	nysic nis ce I dire	၉	1 Yes 2 No	Hospital: 1 Inpatient	2 ER/Outpa	tient 3 DO	A Othe	r: 4 □ Nu	rsing Hom	e 5 ☐ Resid	lence	6 □Oth	er (Specify)		
) =	or Attending Physician: The i free death. Director: After this certificete ha in by the funeral director, page		27. Manner of Death 1 ☐ Natural 5 ☐ Pendir	28a. Date of Injury (Month, Day)	/ear) 28b. Time	e of 2	Bc. Injury Work			d. Describe h					
2	ath. Pr: Al	atic	2 Accident investi	gation		м		es 2□ľ	No						
5	er de	2	3 ☐ Suicide 6 ☐ Could 4 ☐ Homicide determ	not be ined 28e. Place of Injury building, etc.	/ - At home, farm,	street, factory	, office		28	3f. Location (S City or Tox	Street an	d Numb	er or Rural	Route Numbe	эr,
2	s aft s aft af Di	Certification:		Danding, oto.	(Opochy)					Only or Ton	m, State	')			
	hour hour ly fill	gal	29a Certifier 1 Certifyir (Check only 2 Medical	g Physician: To the best of	my knowledge, di	эат осситой	at the time	u date and	d place : an	nd due to the a	auro(c)	and wa	raner de sta	ted.	
	To the Hospital or Attending Physician: The law requires that the death c within 24 hours after death can the security of the Euneral Director: After this certificate has been signed by the attend completely filled in by the funeral director, page 2 should be detached for us	edical	one)	Examiner: On the basis of e and manner state	id.	r investigation,	in my op	inion, deat	n occurred	at the time, o	date and	1 place, a	and due to	the cause(s)	
	To T CO T	Σ	29b. Signature and title of certifie	11			License			1	29d. Dat	te signed	(Month, D	ay, Year)	
			Curtis 1	Harry . in	1)		05	330	6		9	9/1	101		
			30. Name and address of person	who completed cause of dea	th (Item 23a) (Ty	oe, Print)		-			/	110	100		
	1041		Cuttis Harris	mo 900 s) ith (Item 23a) (Type 2545440	Road	1570	30	O A	nnano	115	m	1 2	1401	
	Sta		31. Date filed (Month, Day, Year)	2006 Registrar	s Signature	Carle o				, , ,				1	
	Registr	ar	SCL 1 4	man had	13 M										

State of Maryland / Department of Health and Mental Hygien 2006 1 - Stete Registra Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2 Date of Death 3. Time of Death Day Physician Рм Morgan September 11, 2006 2:02 Lillian Μ. /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Prince Georges Community Hospital Cheverly Prince Georges 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. 5. Social Security Number 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) , Funeral 1□M 2 F Months Days Hours 578-40-3530 Director 7/4/1930 South Carolina Usual Residence of Decedent with the Manyland 10d. Inside City Limits 10c. City. Town or Location 10a. State 10b. County 28a-f show traumatic event, the Midical Exeminer must be notified at 1 TYes 2 No Director Prince Georges Capitol Heights 10g. Citizen of What Country? 10e. Street and Number ö or items 23a 11 Akin Ave. 20743 United States death Funeral 12. Was Decedent Ever in U.S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give X Year or Dates: Race - American Indian, Black, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status permit. Pages 1 and 2 should be filed within 72 hours after d Department of Health and Mental Hygiene. Important: if Item 27 is marked other than "natural", or Item any Injury or other traumatic event, the Middell Exempted Once. 1 Never Married 2 Married Baltimore, Maryland 21215-0036 1 ☐ Yes XX No Specify: **Black** þ 3 ☐ Widowed 4 ☐ Divorced Completed 15 Decedent's Education 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) Housekeeper Domestic 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame, Be Unknown Unknown ဥ 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Brenda Morgan (Daughter) Capitol Heights, MD 20743 11 Akin Ave. 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 20a. Method of Disposition 1X Burial 2 ☐ Cremation 3 ☐ Removal from State Fort Lincoln Cemetery 9/18/2006 Brentwood, MD 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility Fort Lincoln Funeral Home 3401 Bladenburg Road Brentwood, MD 20722 Auna no 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final FATAL CARDIAC **Physician** disease or condition resulting in death) /Medical Due to (or as a consequence of): Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of) Examiner attending physician and for use as the burial-transit certificate be executed Due to (or as a consequence of): Box 68760 Physician/Medical IF FEMALE: 23c. If yes, outcome of pregnancy
1 Live birth 2 Fetal death 23d. Date of delivery 23b. Was decedent pregnant 3 Ectopic pregnancy in the past 12 months?

1 Yes 2 No
9 Unknown Month Year Day 4□Pregnant at time of death 5 Other (specify) P.O. P ф 2 Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? Division of Vital Records, þ 99 1 Yes 2 No 3 Probably 4 Munknown Completed 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death?

1 ☐ Yes 2 ☐ No certificate has 1 ☐ Yes 2. No Be 25. Was case referred to medical 26. Place of Death (Check only one) examiner? Hospital: 1 ☐ Inpatient 2 🔀 ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 X No this funeral 28c. Injury at Work? 28a. Date of Injury (Month, Day Year) Certification: 27. Manner of Death 28b. Time of 28d. Describe how injury occurred After Hospital or Attending Injury 1 X Naturat 5 Pending after death. 1 ☐ Yes 2 ☐ No 2 Accident investigation 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 24 hours after o 4 Homicide 🔀 Certifying Physicien: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29a. Certifier ca 2 Medicel Exeminer: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one) To the within 2. 29b. Signature and title of Certifier 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) LITTLE 300j HOSPITAL 31. Date filed (Month, Day, Year) 2. Registrar's Signature State SEP 1 4 2006 Registrar

Please Type or Print in Black Indelible Ink
State of Maryland / Department of Health and Mental Hygiene

Displace Control Co	Jeremy Wayne Min	1- For State	e of Maryland / Dep C	oartment of e <i>rtificate of</i>		Mental Hy		. 2000	21004
## 12 North Articles Orient Commy of Good Washington Finded	Physician/	 Decedent's Name (First, Middle, La 	ast)				2. Date of Death	- 	
Section Sect	Medical Examine				Ab City Tourn or I	continue of Dooth	September		0109 hrs
216-06-4772 Xi 2 23 Vis. Morris May Aug. 8, 1983			ve street and number)					,	
The control of the		· · · · · · · · · · · · · · · · · · ·	Sex 7. Age (In yrs	s. last birthday)			8. Date of Birth		
Mary Land Washington Wash	Director		X M 2 F 23	Yrs		nours Willin.	Aug. 8	, 1983 Cou	Maryland
Mary Jane Washington Hagerstonn 10 / 20 / 20 / 20 / 20 10 / 20 / 20 / 20 / 20 / 20 / 20 / 20 /	any		10c. Ci	ty, Town or Locat	ion				10d Inside City Limits
The state of the s	and f show once.	Maryland Washi	ngton	На	gerstown				1 Yes 2 X No
The state of the s	the Mary a or 28a- tiffied at Olirect	10e Street and Number 10908 Gaywood D	rive			• 0	10g		ry?
Security	death with ritems 23	11. Marital Status 1 X Never Married 2 Marrie	d Armed Forces?	If Y				White, etc.	
Security	s after ral", o	3 vvidowed 4 Divoice	d If Yes, Give Year	1		-			
Security	2 hour "natu LExan	15. Decedent's Education (Specify Elementary/Secondary (0-12)		16a. Deceden during m				16b. Kind of Business/In	dustry
Security	1036 Aithin 7 Ene r than Medica	11	0	la	borer			home consti	uction
Security	15-0 filed v al Hygi ed othe ft, the	17. Father's Name (First, Middle, Las	,					,	
Security	212 212 Sould be I Menta in mark			19b. Mailing					Zıp Code)
Physician Medical Examiner 223. Part I. Enter the disease. or complications that caused the drifts. Do not effect the mode of dying, such as cardiac or respiratory arrest, shock, or heart flating List only one cause consecutive. 239. Part I. Enter the disease. or complications that caused the drifts. Do not effect the mode of dying, such as cardiac or respiratory arrest, shock, or heart flating in the mode of dying, such as cardiac or respiratory arrest, shock, or heart flating in the mode of dying, such as cardiac or respiratory arrest, shock, or heart flating in the mode of dying, such as cardiac or respiratory arrest, shock, or heart flating in the mode of dying, such as cardiac or respiratory arrest, shock, or heart flating in the mode of dying, such as cardiac or respiratory arrest, shock, or heart flating in the mode of dying, such as cardiac or respiratory arrest, shock, or heart flating in the mode of dying, such as cardiac or respiratory arrest, shock, or heart flating in the mode of dying, such as cardiac or respiratory arrest, shock, or heart flating in the mode of dying, such as cardiac or respiratory arrest, shock, or heart flating in the mode of dying, such as cardiac or respiratory arrest, shock, or heart flating in the mode of dying, such as cardiac or respiratory arrest, shock, or heart flating in the mode of dying, such as cardiac or respiratory arrest, shock, or heart flating in the mode of dying, such as cardiac or respiratory arrest, shock, or heart flating in death or conditions. 24. Multiple Injuries 25. Give a cardiac or respiratory arrest, shock, or heart flating in death or conditions. 26. First as a consequence of): 27. More flower flowering in cardial part of the cardiac or respiratory arrest, shock, or heart flating in death or cardiac or respiratory arrest, shock, or heart flating in death or part of the cardiac or respiratory arrest, shock, or heart flowering in death or part or flowering in death or part or flating in death or part or flating in death or part or flating in	MD nd 2 sho alth and m 27 is			1090	8 Gaywood	Drive,			
Physician Medical Examiner 223. Part I. Enter the disease. or complications that caused the drifts. Do not effect the mode of dying, such as cardiac or respiratory arrest, shock, or heart flating List only one cause consecutive. 239. Part I. Enter the disease. or complications that caused the drifts. Do not effect the mode of dying, such as cardiac or respiratory arrest, shock, or heart flating in the mode of dying, such as cardiac or respiratory arrest, shock, or heart flating in the mode of dying, such as cardiac or respiratory arrest, shock, or heart flating in the mode of dying, such as cardiac or respiratory arrest, shock, or heart flating in the mode of dying, such as cardiac or respiratory arrest, shock, or heart flating in the mode of dying, such as cardiac or respiratory arrest, shock, or heart flating in the mode of dying, such as cardiac or respiratory arrest, shock, or heart flating in the mode of dying, such as cardiac or respiratory arrest, shock, or heart flating in the mode of dying, such as cardiac or respiratory arrest, shock, or heart flating in the mode of dying, such as cardiac or respiratory arrest, shock, or heart flating in the mode of dying, such as cardiac or respiratory arrest, shock, or heart flating in the mode of dying, such as cardiac or respiratory arrest, shock, or heart flating in the mode of dying, such as cardiac or respiratory arrest, shock, or heart flating in the mode of dying, such as cardiac or respiratory arrest, shock, or heart flating in death or conditions. 24. Multiple Injuries 25. Give a cardiac or respiratory arrest, shock, or heart flating in death or conditions. 26. First as a consequence of): 27. More flower flowering in cardial part of the cardiac or respiratory arrest, shock, or heart flating in death or cardiac or respiratory arrest, shock, or heart flating in death or part of the cardiac or respiratory arrest, shock, or heart flowering in death or part or flowering in death or part or flating in death or part or flating in death or part or flating in	Ore, Ses lar tof Her trite	- <u>-</u>	Removal from State	crematory or oth	ner place)	,		•	
Physician Medical Examiner 223. Part I. Enter the disease. or complications that caused the drifts. Do not effect the mode of dying, such as cardiac or respiratory arrest, shock, or heart flating List only one cause consecutive. 239. Part I. Enter the disease. or complications that caused the drifts. Do not effect the mode of dying, such as cardiac or respiratory arrest, shock, or heart flating in the mode of dying, such as cardiac or respiratory arrest, shock, or heart flating in the mode of dying, such as cardiac or respiratory arrest, shock, or heart flating in the mode of dying, such as cardiac or respiratory arrest, shock, or heart flating in the mode of dying, such as cardiac or respiratory arrest, shock, or heart flating in the mode of dying, such as cardiac or respiratory arrest, shock, or heart flating in the mode of dying, such as cardiac or respiratory arrest, shock, or heart flating in the mode of dying, such as cardiac or respiratory arrest, shock, or heart flating in the mode of dying, such as cardiac or respiratory arrest, shock, or heart flating in the mode of dying, such as cardiac or respiratory arrest, shock, or heart flating in the mode of dying, such as cardiac or respiratory arrest, shock, or heart flating in the mode of dying, such as cardiac or respiratory arrest, shock, or heart flating in the mode of dying, such as cardiac or respiratory arrest, shock, or heart flating in the mode of dying, such as cardiac or respiratory arrest, shock, or heart flating in death or conditions. 24. Multiple Injuries 25. Give a cardiac or respiratory arrest, shock, or heart flating in death or conditions. 26. First as a consequence of): 27. More flower flowering in cardial part of the cardiac or respiratory arrest, shock, or heart flating in death or cardiac or respiratory arrest, shock, or heart flating in death or part of the cardiac or respiratory arrest, shock, or heart flowering in death or part or flowering in death or part or flating in death or part or flating in death or part or flating in	Itim nit. Pag artment ortant:		<u>y</u>						
Physician Madical Sxaminor 24 Part I. Effect the disease or conditions or each line in the past 12 months of any leading to immediate clause (Final disease or conditions, fairly, leading to immediate clause (Final disease) and the fairly leading to immediate clause (Final disease) and the fairly leading to immediate clause (Final disease) and the fairly leading to immediate clause (Final disease) and the fairly leading to immediate clause (Final disease) and the fairly leading to immediate clause (Final disease). Sequentially list conditions, fairly leading to immediate clause (Final disease) and the fairly leading to immediate clause (Final disease). Sequentially list conditions, fairly leading to immediate clause (Final disease) and the fairly leading to immediate clause (Final disease). Sequentially list conditions, fairly leading to immediate clause (Final disease) and the fairly leading to immediate clause (Final disease). Sequentially list conditions, fairly leading to immediate clause (Final disease) and the fairly leading to immediate clause (Final disease). Due to (or as a consequence of): Due t	Ba perm Dep injin	Scutt	Manne	41.	5 E. Wils	on Blvd.	, Hager	stown, Md.	
Immediate Cause (Final classes or condition resulting in death of the control of		23a. Part I. Enter the disease, or comfailure. List only one cause on e	plications that caused the dea each line.	ith. Do not enter th	ne mode of dying, si	uch as cardiac or	respiratory arres	t, shock, or heart	Approximate Interval
Sequentially list conditions, flary, leading to immediate cause. Enter Underlying Classo swents resulting in death) Last Sequentially list conditions, flary, leading to immediate cause. Enter Underlying Classo swents resulting in death) Last Sequentially list conditions, flary, leading to immediate cause. Enter Underlying Classo swents resulting in death) Last Sequentially list conditions, flary, leading to immediate cause. Enter Underlying Classo swents resulting in death) Last Sequentially list conditions, flary, leading to immediate cause. Enter Underlying Classo swents resulting in death) Last Sequentially list conditions, flary, leading to immediate cause. Enter Underlying Classo swents resulting in death) Last Sequentially list conditions, flary, leading to immediate cause. Enter Underlying Classo swents resulting in death) Last Sequentially list conditions, flary, leading to immediate cause. Enter Underlying Classo swents resulting in death) Last Sequentially list conditions, flary, leading to immediate cause. Enter Underlying Classo swents resulting in death) Last Sequentially list conditions, flary, leading to immediate cause. Enter Underlying Classo swents resulting in death) Last Sequentially list conditions, flary, leading to immediate cause. Entering the cause of death?				of).					Death
UNPENDED AMENDED FEMALE 20 Was decedent pregnant in the part 2 months? 23c. If yes, outcome of pregnancy 1 was decedent pregnant in the pregnant at time of death 2 months? 2									
UNPENDED AMENDED FEMALE 20 Was decedent pregnant in the part 2 months? 23c. If yes, outcome of pregnancy 1 was decedent pregnant in the pregnant at time of death 2 months? 2	mine	cause. Enter Underlying Cause	Due to (or as a consequence	of):					
See that the control of the control	cuted and transit		Due to (or as a consequence	e of):					
See that the control of the control	0, the exe sician a surial -	UNPENDED	AMENDED					_ = =	
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Wars and sudopsy performed? 1 Yes 2 No 3 Probably 4 Unknown 24b. Wars and sudopsy performed? 1 Yes 2 No 3 Probably 4 Unknown 24b. Wars and sudopsy performed? 1 Yes 2 No 3 Probably 4 Unknown 24b. Wars and sudopsy performed? 1 Yes 2 No 3 Probably 4 Unknown 24b. Wars and sudopsy performed? 1 Yes 2 No 3 Probably 4 Unknown 24b. Wars and sudopsy performed? 1 Yes 2 No 3 Probably 4 Unknown 24b. Wars and sudopsy performed? 1 Yes 2 No 3 Probably 4 Unknown 24b. Wars and sudopsy performed? 1 Yes 2 No 3 Probably 4 Unknown 24b. Wars and sudopsy performed? 1 Yes 2 No 3 Probably 4 Unknown 24b. Wars and sudopsy performed? 1 Yes 2 No 3 Probably 4 Unknown 24b. Wars and sudopsy performed? 1 Yes 2 No 3 Probably 4 Unknown 24b. Wars and sudopsy performed? 1 Yes 2 No 3 Probably 4 Unknown 24b. Wars and sudopsy performed? 1 Yes 2 No 3 Probably 4 Unknown 24b. Wars and sudopsy performed? 1 Yes 2 No 3 Probably 4 Unknown 24b. Wars and sudopsy performed? 1 Yes 2 No 3 Probably 4 Unknown 24b. Wars and sudopsy performed? 1 Yes 2 No 3 Probably 4 Unknown 24b. Wars and sudopsy performed? 1 Yes 2 No 3 Probably 4 Unknown 24b. Wars and sudopsy performed? 1 Yes 2 No 3 Probably 4 Unknown 24b. Wars and sudopsy performed? 1 Yes 2 No 1 Yes 2 Yes 1 Yes 2 Yes 1 Yes 2	1876 tiffcate ing phy as the b	23b. Was decedent pregnant in the		-	tal death 3	Ectopic pregnan	icy		y Year
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Wars and sudopsy performed? 1 Yes 2 No 3 Probably 4 Unknown 24b. Wars and sudopsy performed? 1 Yes 2 No 3 Probably 4 Unknown 24b. Wars and sudopsy performed? 1 Yes 2 No 3 Probably 4 Unknown 24b. Wars and sudopsy performed? 1 Yes 2 No 3 Probably 4 Unknown 24b. Wars and sudopsy performed? 1 Yes 2 No 3 Probably 4 Unknown 24b. Wars and sudopsy performed? 1 Yes 2 No 3 Probably 4 Unknown 24b. Wars and sudopsy performed? 1 Yes 2 No 3 Probably 4 Unknown 24b. Wars and sudopsy performed? 1 Yes 2 No 3 Probably 4 Unknown 24b. Wars and sudopsy performed? 1 Yes 2 No 3 Probably 4 Unknown 24b. Wars and sudopsy performed? 1 Yes 2 No 3 Probably 4 Unknown 24b. Wars and sudopsy performed? 1 Yes 2 No 3 Probably 4 Unknown 24b. Wars and sudopsy performed? 1 Yes 2 No 3 Probably 4 Unknown 24b. Wars and sudopsy performed? 1 Yes 2 No 3 Probably 4 Unknown 24b. Wars and sudopsy performed? 1 Yes 2 No 3 Probably 4 Unknown 24b. Wars and sudopsy performed? 1 Yes 2 No 3 Probably 4 Unknown 24b. Wars and sudopsy performed? 1 Yes 2 No 3 Probably 4 Unknown 24b. Wars and sudopsy performed? 1 Yes 2 No 3 Probably 4 Unknown 24b. Wars and sudopsy performed? 1 Yes 2 No 3 Probably 4 Unknown 24b. Wars and sudopsy performed? 1 Yes 2 No 1 Yes 2 Yes 1 Yes 2 Yes 1 Yes 2	OX 6 sath cer attendi		m	death 5 Ott	ner (Specify)				
24a Was an autopsy performed? 1	O. B or the de lby the lached	Part II. Other significant conditions		t resulting in the u	nderlying cause giv	en in Part I.	23e. Did toba	acco use contribute to the	e cause of death?
29b. Signature and title of certifier 29c. License number O.C.M.E. 29d. Date signed (Month, Day, Year) September 19, 2006 30. Name and address of person who completed cause of death (Item 23a) Zabiullah Ali, M.D. Assistant Medical Examiner 111 Penn Street, Baltimore, MD 21201 State Registrar 31. Date filed (Month Paryear) 0 2006 32. Resistrar's Signature	s, P.(_	1 Yes	2 V No 3 Proba	bly 4 Unknown
29b. Signature and title of certifier 29c. License number O.C.M.E. 29d. Date signed (Month, Day, Year) September 19, 2006 30. Name and address of person who completed cause of death (Item 23a) Zabiullah Ali, M.D. Assistant Medical Examiner 111 Penn Street, Baltimore, MD 21201 State Registrar 31. Date filed (Month Paryear) 0 2006 32. Resistrar's Signature	ords Iw requas beer 2 should						autopsy	prior to co	
29b. Signature and title of certifier 29c. License number O.C.M.E. 29d. Date signed (Month, Day, Year) September 19, 2006 30. Name and address of person who completed cause of death (Item 23a) Zabiullah Ali, M.D. Assistant Medical Examiner 111 Penn Street, Baltimore, MD 21201 State Registrar 31. Date filed (Month Paryear) 0 2006 32. Resistrar's Signature	Rec The la ficate h page:						1 Y Yes 2		2 No
29b. Signature and title of certifier 29c. License number O.C.M.E. 29d. Date signed (Month, Day, Year) September 19, 2006 30. Name and address of person who completed cause of death (Item 23a) Zabiullah Ali, M.D. Assistant Medical Examiner 111 Penn Street, Baltimore, MD 21201 State Registrar 31. Date filed (Month Paryear) 0 2006 32. Resistrar's Signature	/ital	examiner?	Hospital: 1 Inpatient 2	ER/Outpatient		thor -		esidence 6 🗸 Other	Scene
29b. Signature and title of certifier 29c. License number O.C.M.E. 29d. Date signed (Month, Day, Year) September 19, 2006 30. Name and address of person who completed cause of death (Item 23a) Zabiullah Ali, M.D. Assistant Medical Examiner 111 Penn Street, Baltimore, MD 21201 State Registrar 31. Date filed (Month Paryear) 0 2006 32. Resistrar's Signature	of \ of \ ng Phy After th uneral c	27. Manner of Death	28a. Date of Injury	28b. Time of It		at Work?	28d. Describe how	w injury occurred	
29b. Signature and title of certifier 29c. License number O.C.M.E. 29d. Date signed (Month, Day, Year) September 19, 2006 30. Name and address of person who completed cause of death (Item 23a) Zabiullah Ali, M.D. Assistant Medical Examiner 111 Penn Street, Baltimore, MD 21201 State Registrar 31. Date filed (Month Paryear) 0 2006 32. Resistrar's Signature	Sion Mendi death cror: ,	Pending	tion			s Z V No			
29b. Signature and title of certifier 29c. License number O.C.M.E. 29d. Date signed (Month, Day, Year) September 19, 2006 30. Name and address of person who completed cause of death (Item 23a) Zabiullah Ali, M.D. Assistant Medical Examiner 111 Penn Street, Baltimore, MD 21201 State Registrar 31. Date filed (Month Paryear) 0 2006 32. Resistrar's Signature	Divis pital or / ours after reral Dire filled in b	4 Homicide determine	t be		t, factory, office bui		or Town, Stat	te)	
29b. Signature and title of certifier 29c. License number O.C.M.E. 29d. Date signed (Month, Day, Year) September 19, 2006 30. Name and address of person who completed cause of death (Item 23a) Zabiullah Ali, M.D. Assistant Medical Examiner 111 Penn Street, Baltimore, MD 21201 State Registrar 31. Date filed (Month Paryear) 0 2006 32. Resistrar's Signature	io the Hos/ithiu 24 h io the Fun impletely	(Check only	er:On the basis of examination				,		
30. Name and address of person who completed cause of death (Item 23a) Zabiullah Ali, M.D. Assistant Medical Examiner 111 Penn Street, Baltimore, MD 21201 State Registrar 31. Date filed (Month Paryear) 0 2006 32. Registrar's Signature	N N	29b. Signature and title of certifier	(10 11)						
State Registrar Zabiullah Ali, M.D. Assistant Medical Examiner 111 Penn Street, Baltimore, MD 21201 32. Registrar's Signature Registrar 32. Registrar's Signature April 11 Penn Street, Baltimore, MD 21201		20 Normal College	10 EAR	00.1	O.C.M	.E.		September 19, 20	J6
Registrati	5H-3	Zabiullah Ali, M.D. Ass			n Street, Baltim	nore, MD 212	01		
Registrati		31. Date filed (Month Pary)	2006 32. Redistrar's Signa	ature /					
DHMH 17 Rev 1/2001 ORIĞİNAL	DHMH 17 Rev 1/2001		parlus	A) Ap	MES .				

State of Maryland / Department of Health and Mental Hygiene, 31007 Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** 0310 M William Henry Merrill /Medical 4a. Fecility Name (If not institution, give street and number)

Compus 4b. City, Town, or Location of Death County of Death Examiner Alleganu Lumber land If Under 1 Year If Under 24 Hrs. 8. Date of Birth Months Days Hours Min. A Month, Day Year 16 Birthplace 7. Age (In yrs. last birthday) 5. Social Security Number 6. Sex tate or Foreign **Funeral** Months 11 M 2 □ F 90 Maryland 218-30-0200 Director Usual Residence of Decedent the Maryland 10c. City, Town or Location 10d. Inside City Limits 10a. State 10b. County or 28e-f show **e**hov 1 Yes 2 □ No Director PA Somerset Salisbury 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 190 Grant St. 15558 USA by Funeral 12. Was Decedent Ever in U.S. Armed Forces? 1 ☐ Yes ② CNNo If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian. 11, Marital Status Black, White, etc. 1 Never Married 20X Married Specify: White 1 ☐ Yes 2 X No Specify: 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Farming Dairy 18. Mother's Name (First, Middle, Maiden Sumame) 17. Father's Name (First, Middle, Last) Be ဥ Minnie Pope Jesse Merrill 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Ruth M. Merrill/ Wife 190 Grant St., Salisbury, PA 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 ☐ Cremation 3 ☐ Removal from State Grantsville Cemetery Sept. 18,2006 Grantsville, MD 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility Newman Funeral Homes, P.A. eumae P.O. Box 275, Grantsville, MD Approximate Interval Between Onset and Death 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or hear failure. List only one cause on each line. Immediate Cause Final PNEUMON A Physician 065 FIGHT disease or condition resulting in death) /Medical Due to (or as a consequence of): Examiner Metastatic Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Examine Hospitel or Attending Physician: The law requires that the death certificate be executed attending physicien and for use as the burial-transit Due to (or as a consequence of): Box 68760, Physician/Medical IF FEMALE: 23c. If yes, outcome of pregnancy 1 ☐ Live birth 2 ☐ Fetel death 23d. Date of delivery 23b. Was decedent pregnant 3 Ectopic pregnancy in the past 12 months? Month Dav 4 Pregnant at time of death 5 Other (specify) Division of Vital Records, P.O. certificate has been signed by the a rector, page 2 should be detached in 9 Unknown Part In Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? Completed by 1 Yes 2. No 3 Probably 4 Unknown 24a. Was an autopsy performe 24b. Were autopsy findings available prior to completion of cause of death?

1 ☐ Yes 2 ☑ No 1 Yes 2 No 25. Was case referred to medical Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No ဥ npatient 2 ER/Outpatient 3 DOA Pis After th 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Certification: 1 Natural 5 Pending death. 1 ☐ Yes 2 ☐ No investigation efter death Director: / 3 in by the f 2 Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide within 24 hours of To the Funeral D completely filled in 29a. Certifier 🌠 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. Medicai 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only 29c. License number 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifier 58655 9/115/2006 Ullimas dischart 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 32 corporate SABAHHT NAWAB 31. Date filed (Month, Day, Year) 32. Registrar's Signature SEP 1 8 2006 Registrar

State of Maryland / Department of Health and Mental Hygiens, 31008 1 - For State Registrar Certificate of Death Reg. No. 2 Date of Death 3. Time of Death 1. Decedent's Name (First, Middle, Last) Month Day Year September 9, 2006 **Physician** Mary Manis 10:30 /Medical 4c. County of Death 4a. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death Examiner Baltimore Catonsville Charlestown Care Center If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5 Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Months 1 □ M 2 137 F 119-12-6780 101 Yrs. July 15, 1905 Director Maryland Usual Residence of Decedent with the Maryland 10c. City, Town or Location 10a. State 10h. County 10d. Inside City Limits "natural", or items 23a or 28a-f ehow edical Exercises must be positived at Catonsville Baltimore Maryland 1 ☐ Yes 2X No Director 10e. Street and Number 10g. Citizen of What Country? 10f. Zip Code 21228 U.S.A. 715 Maiden Choice Lane filed within 72 hours efter death Funeral 12. Was Decedent Ever in U.S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 Never Married 2 Married Baltimore, Maryland 21215-0036 White 1 ☐ Yes 2X No Specify: þ 3 X Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) during most of working Elementary/Secondary (0-12) College (1-4or 5+) Homemaker Own Home 12 permit. Pages 1 and 2 should be file Depertment of Health and Mental Hy Important: If tem 27 is marked other any injury or other traumatic event, 2006. 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Unknown Unknown ဥ 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) Allen B. Peddicord/personal rep. 4001 High Point Road Ellicott City, MD 20b. Place of Disposition (Name of cemetery, crematory or other place) Date 20a. Method of Disposition 20c. Location - City or Town, State 1 ₺ Burial 2 Cremation 3 Removal from State 9/14/2006 St. Demetrious Cem. Annapolis, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral, Service Licensee 22. Name and Address of Facility John M. Taylor Funeral Home Michael 147 Duke of Gloucester St., Annapolis, MD 21401 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) **Physician** Pneumonia /Medical Due to (or as a consequence of): Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): attending physicien and for use as the burial-transit The law requires that the death certificate be executed Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical IF FEMALE: 23c. If yes, outcome of pregnancy

1 Live birth 2 Fetal death 23d. Date of delivery 23b. Was decedent pregnant 3 Ectopic pregnancy Year in the past 12 months? Month Day 4☐ Pregnant at time of death 5 Other (specify) ed by the a 9 Unknown 9 Unknown signed t Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? þ Dementia 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 X Unknown been si Completed 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? certificete 1 ☐ Yes 2 ☐ No 1 Yes 2 No To the Hospital or Attending Physician: 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: Other: 4CNursing Home 5 Residence 6 Other (Specify) ٩ 1 Yes 2 XNo 1 | Inpatient 2 | ER/Outpatient 3 | DOA this After this 28a. Date of Injury (Month, Day Year) Certification: 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Watural 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident d in by the 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide within 24 hours e 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29a Certifier 29d. Date signed (Month. Day, Year) 29b. Signature and title of certifier 29c. License number D44377 9/12/2006 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Deneen Bowlin, MD 711 Maiden Choice Lane Catonsville, MD

DHMH 17 Rev 1/2001

State

Registrar

31. Date tiled (Month, Day, Year)

SEP 1 4 2006

32. Pogistrar's Signature

			1 - State Registrar	State of M	aryland / Dep	artment	of Health	and M	lental Hyg	iene		21000
		_	Registrar 1. Decedent's Name (First, Middle,	(ant)	Ce	rinicate	of Deati	7	2. Date of Deat	9. Ne 0	UO	31003
	Physici	an	5						Month	Day	Yeer	3. Time of Death
	/Medi	cal	Donothy 19	Mcneil		45 O'S T			Sep		2000	5; 25 PM
7	Examir	ner	4a. Facility Nan (If not institution,				own, or Location				ity of Death	0
			HOUAND County 5. Social Security Number 0 6			If Under 1		or 24 Hrs.	O Data of Birth	10	word	<i>x</i>
	Funeral	100	153-18-8257	1 M 2 F 7. A	ge (In yrs. last birthday) 92 Yrs.		Days Hours		8. Date of Birth	2 ^Y P=3	N. Birthi	place (State or Foreign
	Director		Usual Residence of Decedent		32				10/2//1		2.0	002007
	/land		10a. State 10b. County		10c. City, Town or Le	ocation						10d. Inside City Limits
	Man	to	Md. Howard	đ	Highl	and						1 ☐ Yes 2 ☐ No
	1 the	rec	10e. Street and Number			10f. Zip Co	ode		1	0g. Citizen o	f What Cou	ntry?
	3a o	by Funeral Director	1/11E Clawler	illa Dika		20	0777			11	SA	
	me 2	Jere	14115 Clarksv 11. Marital Status	12, Was Decedent	Ever in U.S. 13.			Origin? (Sp	ecify Yes or No- Rican, etc.)	14. R	ace - Ameri	
9	or its	F	1 ☐ Never Married 2 ☐ Married		No i				Hican, etc.)		lack, White,	
93	rei', c	l by	3 XWidowed 4 ☐ Divorced	If Yes, Give Year or Dates:		1 ☐ Yes 2 ☐	No Specif	y :		Spec	ity: Wh	ite
21215-0036	be filed within 72 hours after death with the Maryland staf Hygiene. ed other than "naturel", or fleme 23a or 28a-f show event, the Medical Examinar must be notified at	Completed	15. Decedent's (Specify only highest	Education grade completed)	16a. Dece	dent's Usual C	Occupation done during me	ast of work	ina	16b. Kind of	Business/In	dustry
21	within lene. then	npi	Elementary/Secondary (0-12)	College (1-4or	5+) life.	DO NOT use	retired)		9		IIom	
	Hygier Hygier Sther th	S		2yrs		Homema!					Hom	e
P	be fill d oth	Be	17. Father's Name (First, Middle, La	ast)					e (First, Middle, I		•	
yla	should be nd Mental marked c matic eve	ဥ	Joseph Moona						Elizabet		-	
Maryland	2 m = 1		19a. Informant's Name/Relationship		1	_			al Route Number	-		
	s 1 and if Health item 27 other tr		John Mcneil/son		400000000000000000000000000000000000000				lliætt			
0	Pages 1 nent of H ant: If ite ary or ot		20a. Method of Disposition 1	B □Removal from State	20b. Place of Dispo cemetery, cre	natory or othe	or er place)		Date	20c. Location	n - City or To	own, State
Ë			4 Donation 5 Dother (Spe	icify)	Gate of H					Wheato		
Baltimore,	permit. Page Department o Importent: If any injury or once.		21. Signature of Fundral Service Li	ene								ly F.H.Inc.
-	<u>v</u> ∪ = 9		23a. Part 1. Enter the disease, or co	nau							City,	Md. 21043
760,	Physician /Medical Examiner portion and printer printe	cai Examiner	Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, figure 1, leaving to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	С.	consequence of): a consequence of): a consequence of):	?						Onset and Death 20 day
P.O. Box 68	If the death certifical by the ettending phy ached for use as th	Physician/Medi	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 □ Yes 2 ☑ No 9 □ Unknown	23c. If yes, outcome 1 □ Live birth 4 □ Pregnant a 9 □ Unknown	2 Fetal death 3	⊒Ectopic pregi ⊒ Other (s <i>peci</i>					Pate of deliver	ery Day Year
	res tha igned be del		Part II. Dther significant conditions						23e. Did tob	acco use co	ntribute to t	he cause of death?
ğ	w requir been si should I	P G	Renal Failure	e, CD	liff. Co	lifis.	Anen	10	1 □ Y€	s 2 🗆 No	3 Prob	bably 4 donknown
Records,	The law rate hes be	Completed by	Atrial Fibrilla	tion, Stal	tus As	thomas	tiens		24a. Was an autops perform	v	D. Were auto prior to co death? 1 \(\sum \text{Yes}	psy findings available impletion of cause of
Vital	sician: The certificate hir rector, page	Be	25. Was case referred to medical examiner?				26. Pla	ce of Deat	h (Check only on			
of V	Physic this ce at dire	၉	1 ☐ Yes 2 ☑ No	Hospital:	ent 2 ER/Outpatie	nt 3 DOA	Other: 4 🗆 i	Nursing Ho	me 5 Reside	nce 6 🗆 O	ther (Specif	y)
0	ng Ph fter th neral		27. Manner of Death 1 ☑Natural 5 ☑ Pending	28a. Date of Inju (Month, Da	ury 28b. Time o	f 28c.	. Injury at Work?		28d. Describe ho	w injury occu	urred	
9.0	endi eath. or: A he fu	atle	2 ☐ Accident investigat			М	1 Yes 2	□No				
Division	irect frect	Certification:	3 ☐ Suicide 6 ☐ Could no 4 ☐ Homicide determine	ad 289. Place of in	jury - At home, farm, st tc. (Specify)	reet, factory, o	ffice		28f. Location (St. City or Town		nber or Rura	al Route Number,
	rei D											
	To the Hospitel or Attending F within 24 hours efter death. To the Funerel Director: After completely filled in by the funer	Medical	29a. Certifier 1 Certifying (Check only one) 2 Medical Ex	Physicien: To the best caminer: On the basis of and manner st	it examination and/or in	h occurred at t vestigation, in	the time, date a my opinion, de	and place, eath occurr	and due to the ca red at the time, da	use(s) and nate and place	nanner as s e, and due to	tated. the cause(s)
	To the within To the comp	ž	29b. Signature and title of certifier	/		29c. L	icense number		2!	9d. Date sign	ed (Month,	Day, Year)
-			1 / ak		M	D	4612	0		Sept	. /	1,2006
	mo		30. Name and address of person when the second seco	no completed cause of a	death (Item 23a) (Type,	Print)	Okur	— C	olum 514.	MO	, 21	Day, Year) +, 2006
	Sta	te	31. Date filed (Month, Day, Year)	32. Parking	rar's Signature	4	9				-	
	Registr	_	SEP 1 8	2006 32. Parison	we & 1	berke	do .					

ORIĞINAL

State of Maryland / Department of Health and Mental Hygiene, Certificate of Death 2. Date of Death 1. Decedent's Name (First, Middle, Last) Day Year BENNY **Physician** MASON 04: DIAM 2006 September /Medical 4c. County of Death 4b. City, Town, or Location of Death 4a. Facility Name (If not institution, give street and number) Examiner HOSPITAL BALTIMORE THE JOHNS HOPKINS If Under 1 Year If Under 24 Hrs.

Months Days Hours Min. 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** Hours 1**X** M 2□ F 8-25-37 210-28-3045 Director Usual Residence of Decedent 10a State 10c. City, Town or Location 10d. Inside City Limits 28a-f ahow the Medical Examiner must be notified at 1 Yes 2 No ALISBUR Directo ICDINICO 10g. Citizen of What Country? 10e. Street and Number ŏ 2180 HPT. 400-TR USA or items 23s Funerai death 12. Was Decedent Ever in U.S. Armed Forces? Race - American Indian Black, White, etc. 13. Was Decedent of Hispanic Origin? (Specify Yes or No It Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status filed within 72 hours after 1 ☐ Never Married 2 Married 1 □Yes 2 No If Yes, Give Year or Dates: Baltimore, Maryland 21215-0036 1 ☐ Yes 25€No BLACK Specify: þ 3 ☐ Widowed 4 ☐ Divorced "netural", Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16h Kind of Business/Industry than Elementary/Secondary (0-12) College (1-4or 5+) Il Hygiene. 12 MEAT permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If Item 27 is marked othe any lighty or other traumatic event, pixe. 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be YETERSON HARLES 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City of GOAGETOWN DE 199 ST. HOT 106 W. LAUREL FLORENCE U MASON - WIFE 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 18 06 q DEMUNA CREMPTORY OF DELMARVA 21. Signature of Funeral Service Licensee 2. Name and Address of Facility BENNIE SMITH 917.W. ISABELLA ST. SALISBURY MD 21301 Approximate Interval Between Onset and Death 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Immediate Cause (Final disease or condition resulting in death) **Physician** FULMINANT HEPATIC FAILURE tays /Medical Due to (or as a consequence of): **Examiner** months HEPATITIS B Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence ot): Examine or Attending Physician: The law requires that the death certificate be executed Due to (or as a consequence ot): Division of Vital Records, P.O. Box 68760 Completed by Physician/Medical IF FEMALE: 23c. If yes, outcome of pregnancy
1 ☐ Live birth 2 ☐ Fetal death 23d. Date of delivery 23b. Was decedent pregnant in the past 12 months?
1 ☐ Yes 2 ☐ No 3 Ectopic pregnancy Day 4 Pregnant at time of death 5 Other (specify) 9☐ Unknown 9 Unknown 23e. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 ☐ Yes 2 No 3 Probably 4 Unknown should I 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an s certificate hes b director, page 2 s autopsy performed 1 ☐ Yes 2 No 1 ☐ Yes 2 No 25. Was case referred to medical examiner?
1 ☐ Yes 2 No Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 X Inpatient 2 ER/Outpatient 3 DDA Certification: To nours after death.

neral Director: After this filled in by the funeral di this 28a. Date of Injury (Month, Day Year) 27. Manner of Death 1 Natural 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 ☐ Could not be 3 ☐ Suicide 4 ☐ Homicide 28e. Place of Injury - At home, tarm, street, factory, office building, etc. (Specify) 28t. Location (Street and Number or Rural Route Number, City or Town, State) To the Hospital within 24 hours a To the Funeral C completely filled in 1 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medicai 29d. Date signed (Month, Day, Year) 29c. License number 29b. Signature and title of certifier September 13, 2006 RES-000 person who completed cause of death (Item 23a) (Type, Print) JOHNS HOPKINS HOSPITAL LOW N. WOLFEST. MARYLIN JAMES MEDICAL DOCTOR €. 31. Date filed (Month, Day, Year) 32. Registrar's Signature State Registrar SEP 1 5 2006

			1 - State Amend #25, perME,	State of Ma g865, 3/10	ryland 6/07 T	/ Depa	artmen rtificate	t of H e of L	ealth a Death	and Mental Hy	ygieng Reg. No.	006	310) -
	d.		Decedent's Name (First, Middle, Last)							2. Date of D	eath		3. Time	of Death
	Physici	_	Helen Louise	Ortlip						\$eptemb	er 17	7, 2006	7:5	9 A M
}	/Medic Examin	200	4a. Facility Name (If not institution, give st	reet and number)			4b. City,	Town, or	Location o	f Death	4c. (County of Deat	h	
	LXXIIII		Garrett County M	[emorial	Hospi	tal	0ak	land			(Garrett		
-	Funeral	22	5. Social Security Number 6. Sex	7. Age	e (In yrs. la:		If Under Months	1 Year Days	If Under a	24 Hrs. 8. Date of B	irth Jay, Year)	9. Birtl	nplace (State	or Foreign
	Director		213-40-2884	M 20XF	64	Yrs.	Teloritris	Juys	110010	April	13, 19	942		yland
	D		Usual Residence of Decedent		100 City	Town or Lo	enting						10d. Inside	City Limits
	show	ا ـِ	10a. State 10b. County											s 2 No
	8a-f	cto	MD Garrett		Fr	iends					40- 000	()4/5 -4 ()-		
	hours after death with the Maryland tursi', or items 23e or 28e-f show al Examinat must be nutified at	Director	10e. Street and Number				10f. Zip		_		1 -	zen of What Co	untry?	
	ath w	60	1132 Sawmill Lan					2153		-1-0.40		USA 14. Race - Ame	siona Indias	
	er de	Funeral	T. Maritar Ototas	2. Was Decedent I Amed Forces?		. 13.	Was Deced If Yes, spec	cify Cuba	spanic Orig n, Mexican	gin? (Specify Yes or N , Puerto Rican, etc.)	10-	Black, White		
36	s aft	by F	1 ☐ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	1 ☐ Yes 2 ☒ N If Yes, Give Year or Dates:	NO		1 🗆 Yes	2 K] No	Specify:			Specify: Tal	hite	
8	y within 72 hours after death with the Marylan tiene rithan "naturel", or items 23e or 28e-f show the Medical Examinat mast be nellited at	pa H	15, Decedent's Educ			16a Dece	dent's Usua	al Occupa	ation		16b. Kir	nd of Business/		
75	n 72 n nai	Completed	(Specify only highest grade	completed)		(Give	kind of wo DO NOT us	rk done d	turing most	t of working			,	
7	filed within Hygiene other than and. It a Mer	E C	Elementary/Secondary (0-12)	College (1-4or 5	5+)	· н	omema.	ker				Own Ho	me	
0	H Hyg		17. Father's Name (First, Middle, Last)						18. Mothe	er's Name (First, Midd	le, Maiden	Sumame)		
an	o d is o	To Be	Charles Artice						E	lsie Mae C	oddin	gton		
Maryland 21215-0036	d 2 should th and Men 7 is marks traumatic	-	19a. Informant's Name/Relationship (Typ	e, Print)		19b. Maili	ng Address	(Street a	and Numbe	er or Rural Route Num	ber, City or	Town, State, 2	Zip Code)	
	Tan Tan		Victoria L. Nugen	t/Daught	er	201	Sand	Spr	ing R	oad, Frien	dsvil	le, MD	2153	1
<u>ə</u>			20a. Method of Disposition		20b. Pla	ice of Dispo	osition (Nar	ne of	e)	Date	20c. Lo	cation - City or	Town, State	
5	Pages nent of int: If it iry or o		1 🖾 Burial 2 ☐ Cremation 3 ☐ Re 4 ☐ Donation 5 ☐ Other (Specify)	moval from State		eele (-			9/21/2006	Frie	ndsvill	le, MD	
Baltimore,			21. Signature of Funeral Service Liceose	θ	~					y Newman Fu	_			
B	permit. Departr Importa		Day Summer	Jaum	11 M)				, Grantsvi			536	
	-		23a. Part1. Enter the disease, or complic shock, or heart failure. List only on	ations that caused	the death.	Do not en	ter the mod	de of dyin	g, such as	cardiac or respiratory	arrest,		Approxim Interval B	
	Dhuaisian		Immediate Cause (Final										Onset an	nd Death
	Physician /Medical		disease or condition resulting in death)	Septice Due to (or as		ence of):							l day	
	Examiner			Wound i									2 yea	*=
	130	ē	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	Due to (or as	a conseque	enca of).					All	//	- 7-0	
	uted d ansit	Examiner	Cause (Disease or injury that initiated events	Sternot	omy					- n		WER	4 yea	rs
Ć	e be executed /sician and e burial-transit	Exa	resulting in death) Last	Due to (or as	a conseque	ence of):				C 00	CICKER			
760,	₩ % Φ	cal	d	Restric	tive	Peric	ardit	is		RY	MEC		4 yea	.rs
68	eath certificate ettending phy I for use as the				-					· Sulphor				
Вох	h cer andin	S	236. was decedent pregnant	3c. If yes, outcome 1 ☐ Live birth			⊒Ectopic pi	regnancy		CATION	2	23d. Date of del	-	
	deat	icia	in the past 12 months? 1 ☐ Yes 2 ♣ No	4☐Pregnant at			Other (sp		CEP	Ur.		Month	Day	Year
P.0	by the	Physician/Med	9 Unknown						_		1			
	res thet igned b		Part II. Dther significant conditions con				, ,	cause give	en in Part I	_		ise contribute to		
D	w require been sig	Ped	chronic obstruct:	ive pulmo	nary	disea	ıse	-			ygYes 2l	_No 3∐Pi	obably 4 (Unknown
ည္ထ	aw re	pie	myelodysplastic s	syndrome						24a. Wi	as an topsy	24b. Were at	utopsy finding	
of Vital Records,	nysician: The law requires thet the death certificativis certificate has been signed by the ettending phitificate has been signed by the ettending phitification, page 2 should be detached for use as the	Completed by	athrosclerotic ca	ardiovasc	ular	disea	ise				rtórmed?	death?	2 □ No	
it a	ian: rtifica	Be	25. Was case referred to medical examiner?	IIGIOVADE	ulul				26. Place	of Death (Check onl	y one)			
>	Physic this ce al dire	To	1 XYes XNo	ospital: 1 ☐ Inpatie	ent 2🗓 E	R/Outpatie	nt 3 DC	OA Oth	er: 4□Nu	ursing Home 5 ☐ Re	sidence (6 Other (Spe	cify)	
0	ng Pl fter ti		27. Manner of Death 1 ☐Watural 5 ☐ Pending	28a. Date of Inju (Month, Da	y Year)	28b. Time o Injury	of a	28c. Injun Worl	y at k?	28d. Describ	e how injur	y occurred		
Si	Attending Physician: It death. ector: After this certified by the funeral director.	atic	2 Accident investigation				М	1 🗆	Yes 2 🗆					
Division	irect irect	Certification:	3 Suicide 6 Could not be determined	28e. Place of Inj building, et			reet, factor	y, office			(Street an Town, State	d Number or R)	ural Route N	um <i>ber</i> ,
	urs al													
	Hospitel or 24 hours afte Funersi Dire tely filled in I	ca	(Check only 2 Medical Examin	er: On the basis o	f examinati					nd place, and due to that the occurred at the time				e(s)
	To the Hospitel or Attending Phwithin 24 hours after death. To the Funersi Director: After the	Medical	one) 29b. Signature and title of certifier	and manner st	a(00.		20	c Licene	e number		29d. Dat	te signed (Mont	h, Dav. Year	r)
	N N S		250. Signature and title designed	100		MP.	23							
			11001	runa				D002	25759		Se	ptember	21, 2	.006
			30. Name and address of person who co					. i d	ъ+ ъл	D 21520				
		ate	Walter K. Naumann 31. Date filed (Month, Day, Year)		PO BC		, ACC	Taeı	الا وال	U 21340				
1	ા Regist		SEP 1 8 20	006	Partition of	All a	Acorbit.	5						

State of Maryland / Department of Health and Mental Hygiene 0 0 6 1 - State Registras Certificate of Death Reg. No. 2. Date of Death 3. Time of Death 1. Decedent's Name (First, Middle, Last) Year 2'000 **Physician** PETERSON 0 TOPRNICE /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner MONTGOMERY MONTGONERY GENERAL HUSPITIAL OINEL If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) If Under 1 Year Months Days Birthplace (State or Foreign Country) 7. Age (In yrs. last birthday) 6 Sax **Funeral** 1 □ M 2 □X Illinois 80 May 1, 1926 344-20-6095 Director Usual Residence of Decedent 10c. City, Town or Location 10d. Inside City Limits with the Maryland 10a. State 10b. County r than "natural", or items 23a or 28a-f show the Medical Examinar must be notified at 1 Yes 2 XNo Director Silver Spring Maryland Montgomery 10g. Citizen of What Country? 10f. Zip Code 10e. Street and Number 20904 USA 11657 Lockwood Dr death ! Funeral 13. Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 12. Was Decedent Ever in U.S. Armed Forces? 1 ☐ Yes 2 XNo If Yes, Give filed within 72 hours after 1 Never Married 2 Married Baltimore, Maryland 21215-0036 1 ☐ Yes 2 X No Specify: Specify: If Yes, Give Year or Dates: 3 XWidowed 4 ☐ Divorced þ White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) Il Hygiene. other than Own Home Homemaker 11 spartment of Health and Mental Hygis portant: If Item 27 is marked other ty in hypeochter traumatic event, It. 18. Mother's Name (First, Middle, Maiden Surname) 17. Father's Name (First, Middle, Last) Be int. Pages 1 and 2 should be introduced to the introduced being the short ortant: If Item 27 is marked o Teofila Lenart John J. Gasinski 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a, Informant's Name/Relationship (Type, Print) 3938 Sharp Rd, GLenwood, MD 21738 Larry Peterson/Son 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 20a. Method of Disposition 1 ☐ Burial 2 X Cremation 3 ☐ Removal from State Ft. Lincoln Crematory Sep 15, 2006 Brentwood, MD 4 ☐ Donation 5 ☐ Other (Specify) Deporting Imports any night 22. Name and Address of Facility Hines-Rinaldi Funeral Home 21. Signature of Funeral Service Licer 11800 New Hampshire Ave, Silver Spring, MD 20904 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) ISCHEMIC, COLON & RECTUM **Physician** /Medical Examiner FECAL CONTAMINATION OF PERITONEUM Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events Due to (or as a consequence of) Examiner burial-transit or Attending Physician: The law requires that the death certificate be executed and resulting in death) Last Due to (or as a consequence of): Box 68760. physician Completed by Physician/Medical attending physic for use as the b IF FEMALE: 23c. If yes, outcome of pregnancy 1 □Live birth 2 □ Fetal death 23d. Date of delivery 23b. Was decedent pregnant 3 Ectopic pregnancy Month Day in the past 12 months?
1 Yes 2 WNo 4 Pregnant at time of death 5 Other (specify) signed by the at d be detached fo Division of Vital Records, P.O. 9 Unknown 23e. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 ☐ Yes 2 ☐ No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause of death?

1 ☐ Yes 2 ☐ No 24a. Was an performed 2 100 1 ☐ Yes 25. Was case referred to medical examiner? 26. Place of Death | Check only one Medical Certification; To Be Hospital: 1 ylin patient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 ☑ No After thi 28c. Injury at Work? 28a. Date of Injury (Month, Day Year) 28d. Describe how injury occurred 28b. Time of 27. Manner of Death Injury 5 Pending 1 Natural 1 ☐ Yes 2 ☐ No within 24 hours after death.

To the Funeral Director: All completely filled in by the fu investigation 2 Accident 6 Could not be 28t. Location (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) filled in by 4 Homicide To the Hospital 1 V Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29a. Certifier 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29d. Date signed (Month, Day, Year) 29c. License number 29b. Signature and title of certifier Weller D0061010 30. Name and address of person who completed cause of death (Item 234 (Type, Print) #121 18111 CYNTHIA 32. egistrar's Signature 31. Date filed (Month, Day, Year) State 15 2006 Registrar

31013 State of Maryland / Department of Health and Mental Hygien 2006

		•	For State Registrar				,	Cer	tificate	of L				Reg. No.		01010
	5 1		1. Decedent's Name (First, N	iddle, Lasi	t)								2. Date of D	eath Day	/ Year	3. Time of Death
	Physici: /Medic		Harvey Pose	no										5/200	6	3:10A M
	Examin	er	4a. Facility Name (If not instit						-		Location of	f Death		4c.	County of De	ath
			Atlantic Ger 5. Social Security Number	eral 6.Se			In yrs. last l	hirthday)	Ber If Under	lin 1 Year	If Under	24 Hrs.	8. Date of B		orcest	
Н	Funeral Director		217-38-2796		X M 2□F	7. Age (62	Yrs.		Days	Hours	Min.	11/06	7 1 9 4 3	3. 0	irthplace (State or Foreign Country) VA
		1	Usual Residence of Deceden											, 25 15		
	how		10a. State 10b. Co	inty		1	IOc. City, To	wn or Lo	cation							10d. Inside City Limits 122 Yes 2 □ No
	Ba-f	cto		cest	er		0cea	n Ci						_		
	or 2	Dire	10e. Street and Number						10f. Zip						izen of What (Country?
	e 23s	Funeral Director	133A 112th S	tree	12. Was Dec	adent Ev	er in 11 S	13 1	218		ienanic Ori	nin? /Sne	ofy Ves or N	US		nerican Indian,
	iter d	Ë	11. Marital Status 1 □ Never Married 2 □	Married	Armed Fo	rces? 2 □ No	Army					, Puerto I	cify Yes or N Rican, etc.)	.0	Black, Wh	nite, etc.
03	al', or	by	3 ☐ Widowed 4XXX ivo		If Yes. Gr	/e	itl.Gd	1.	1 ☐ Yes 2	K No	Specify:				Specify: Wh	ite
2-0	within 72 hours after death with the Maryland ene. Itan "natural", or Iteme 23a or 28a-f ehow he Madical Examinar must ke molified at	Completed	15. Dece (Specify only h	dent's Edi			16	(Give	dent's Usua kind of won	k done a	turing most	of workii	ng	16b. K	ind of Busines	s/Industry
7	vithin ne. han	du l	Elementary/Secondary (0-		College (1-4or 5+)			DO NOT us		•			T	E- 6	
N D	filed v Hygie other f		17. Father's Name (First, Mic	dle. Last)			P	OIIC	e Off	Icer		r's Name	(First, Midd	_	Enforc	ement
an	Mental Merked o	To Be	Robert Tabo										Poseno		,	
Maryland 21215-0036	2 should be filed within 72 hours after death with the Marylan and Manial hygiens is marked other than "natural", or Iteme 23a or 28a-f show aumatic event, the Madical Examinar must be multiped at	۳	19a. Informant's Name/Relat	onship (T	ype, Print)		1	9b. Mailin	g Address	(Street a	and Numbe	r or Rura	/ Route Num	ber, City o	or Town, State	, Zip Code)
Š	is 1 and 2 should of Health and Men item 27 is marke other traumatic		Laura Poseno-	Sch1	ey(daug	hter	c) 5	314	Chase	Lic	ons Wa	ay, (Columb:	ia, M	D 2104	4
ore	of He of He fiterr		20a. Method of Disposition	on 2 🗆	Domoval from	State	20b. Place ceme	of Dispo	sition (Nam	ne of ther place	θ)	D	ate	20c. Lo	ocation - City	or Town, State
altimore,	permit. Pages Department of I importent: If it eny injury or o		4 □ Donation 5 □ Othe	r (Specify)	State	Cape				-		/2006	Fran	kford,	DE
Balt	ermit. epart nport ny inj		21. Signature of Funeral Ser	rice Licens	see 3	0.1.7		22	. Name and	d Addres	ss of Facilit	y Bur	bage :	Funer	al Hom	e
	205 • a		27a. Part1. Enter the diseas	ene	9.1	as	du	10	8 Wil	liam	Str	eet E	Berlin	. MD		Approximate
			shock, or heartfailure.	List only	one cause on e	ach line	e dealer. U	not ente	er the mode	e or ayını	g, such as	cardiac o	rrespiratory	arrest,		Interval Between Onset and Death
)	Physician /Medical		Immediate Cause (Final disease or condition resulting in death)	-			age L		Dise	ase						
	Examiner				Due to	(or as a	consequenc	e of):								
		Je	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	J	b. Due to	(or as a	consequenc	e of):								
	rificate be executed by physicien and as the burial-transit	Examiner	that initiated events	1	с.											
Ó,	e exe		resulting in death) Last		Due to	(or as a	consequenc	ce of):								
68760,	death certificate be executed e attending physicien and id for use as the burial-transit	Medical			d											
9 X	m	-	IF FEMALE:		23c. If yes, ou	tcome of	oregnancy								22d Date of a	leliven
Box	eath cer attendir I for use	cian	23b. Was decedent pregnan in the past 12 months?		1□Live l	pirth 2	Fetal dea		Ectopic pre						23d. Date of o Month	Day Year
P. O.	that the death ce hed by the attendi	Physician/	1 ☐ Yes 2 ☐ No 9 ☐ Unknown		9□ Unkn											
	law requires that the as been signed by th 2 should be detache	by Pi	Part II. Other significant cor	ditions co	ontributing to d	eath but	not resulting	g in the u	nderlying ca	ause give	en in Part I.		23e. Dio	tobacco i	use contribute	to the cause of death?
ğ	w require been sig should b												10	Yes 2	□ No 3□	Probably 4XXInknown
ဝင္	law re as be 2 sho	piet											24a. We	is an	24b. Were	autopsy findings available completion of cause of
<u> </u>	the l	Completed											per	formed? XXX No	death	?
/ita	yslcien: jis certifica director, p	Be	25. Was case referred to me examiner?	- 25	Hespital					0111			(Check only			
ð	Physic this crail dir	2	1 ☐ Yes 2XXNo 27. Manner of Death			Inpatient		Outpatien Time of	t 3 DO				ne 5 ☐ Re 28d. Describe		6 Other (Sp	pecify)
CO	ding After fune	F	1 Natural 5 □ Pe	nding estigation	28a. Date (Mon	th, Day	Year)	Injury	M	8c. Injury Work 1 ☐ `	k? Yes 2□		Log. Describe	s non inju	ry occurred	
Division of Vital Records,	Attender of the country of the py the	flca	3 ☐ Suicide 6 ☐ C	uld not be	28e. Place	of Injur	y - At home,	farm, str	eet, factory							Rural Route Number,
ă		Certification:	4 Homicide		build	ing, etc.	(Specify)						City or I	own, State	e)	
	To the Hospital or within 24 hours after To the Funeral Discompletely filled in	Medicai (29a. Certifier XXCer (Check only one)	ifying Phy cal Exam	ysician: To the iner: On the b	asis of e	examination	ige, death and/or inv	n occurred a vestigation,	at the tim in my of	ne, date an pinion, dea	d place, a th occurre	and due to the	e cause(s e, date and) and manner d place, and d	as stated. ue to the cause(s)
	To the within 2 To the complet	Me	29b. Signature and little of ce	rtifier)				29c	. License	e number			29d. Da	te signed (Mo	nth, Day, Year)
	. > - 0		(1)		_				D	5361	.2			09	/15/20	06
	11.1 1		30. Name and address 1, e	son who	completed cau	se of dea	ath (Item 23a	a) (Type,						0,7	,	
.)	4+1		Andrea Baier		1				Ber1	in,	MD 21	1811				
	Sta Registr		31. Date filed (Month, Day,)	-	106 32.	egistrar	's Signature	1								
	Registi		SEP	10-50	סטע	A STATE OF THE PARTY OF THE PAR	L K	14								

	<u>.</u>		1 - For State Registrar	State of Mar			of Heal		R	Reg. Ng)	006	31014
Г	Physici	an	Decedent's Name (First, Middle, Last Barbara Ra) ssa	Parker				2. Date of Dea Month	ith Day	Year	3. Time of Death
	/Medic	ai	4a. Fecility Name (If not institution, give		rarver	4b. City. 1	Town, or Loca	ation of Death	Septembe		006 Inty of Death	7:30 AM
14.	Examin	er	Wicomico Nursing Home	,		,	Salisb				icomic	
	Funeral Director		5. Social Security Number 6. Se 215–22–2874 Usual Residence of Decedent	x 7. Age (i ☐ M 2 🗗 79	n yrs. last birthday) Yrs.	If Under Months		Inder 24 Hrs. ours Min.	8. Date of Birth (Month, Day 3/7/192	7, Year) 27		nplace (State or Foreign untry) ryland
	yland how		10a. State 10b. County	1	Oc. City, Town or Lo	ocation						10d. Inside City Limits
	Ba-f s	Director	Maryland Wicomi	co	Salisbu	-						1 ☐ Yes 2 ☐ X No
	ath with the Marylan 23a or 28a-f show		10e. Street and Number 703 Parker Road			10f. Zip	^{Code} 21804				of What Coi SA	untry?
	death ms 23	Funeral	11. Marital Status	12. Was Decedent Eve	er in U.S. 13.			ic Origin? (Spe	ecify Yes or No- Rican, etc.)		Race - Ame	
036	72 hours after death with the Maryland neturel', or Items 23a or 28a-f show disal Exas & writigal by notified at	by	1 Never Married 2 Married 3 Widowed 4 Divorced	Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates:		ii Yes, spec 1 ☐ Yes 2		ecify:	Hican, etc.)		Black, White ecif whi t	
Maryland 21215-0036	be filed within 72 hours after de trai Hygiene. od other then "neturel", or Items event, I'm Medical Exacilimete.	Completed	15. Decedent's Edi (Specify only highest grad Elementary/Secondary (0-12)		(Give		l Occupation k done during e retired)	g most of worki	ng	16b. Kind o	of Business/I	ndustry
121	filed wi Hygien ther th		17. Father's Name (First, Middle, Last)		Nur	se	10.1	Motharia Name	(First, Middle,		lth Ca	re
ylanc	shoutd be find Mental H marked ot umatic ever	To Be	James Rassa				1	Myrtle	Washbur	n		
, Mar	nd 2 s lith ar 27 is r trau		19a. Informant's Name/Relationship (T) Warren B. Parker/			_			sbury,	-		ip Code)
Baltimore,	- 0		20a. Method of Disposition 1 Burial 2 □ Cremation 3 □ 4 □ Donation 5 □ Other (Specify,	Removal from State	20b. Place of Dispo cemetery, cre ShadPoin	matory or ot	her place)	9/15	/06		on - City or 1 Sbury,	
Balti	permit. Page Department of Important: If eny injury or once.		21. Signature of Funeral Service Lieuns	ues (FS	P	HOTION 501 Sr	way Fur now Hi	heral H 11 Rd.,	ome Pro Salisb	fessionry, l	onal A MD 218	ssociation 04
	Physician /Medical Examiner	0	23a. Part1. Enter the disease, or comp shock, or heart failure. List only of Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	ilications that caused the cause on each line. a. HYPO Due to (or as a complete of the compl	CEMIC consequence of):	0			PAILURE			Approximate Interval Between Onset and Death
8760,	icate be executed physician and the burial-transit	dical Examiner	Cause (Disease or injury	Due to (or as a c	onsequence of):							
P.O. Box 6	the death certify by the attending ached for use as	Physician/Med	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 ☐ Yes 2 ☐ No 9 ☐ Unknown	23c. If yes, outcome of 1 □ Live birth 2 [4 □ Pregnant at tim 9 □ Unknown	Fetal death 3	⊒Ectopic pre ⊒ Other (spe				23d.	Date of deli	very Day Year
of Vital Records, P	w requires that been signed t should be det	by	Part II. Other significant conditions co		not resulting in the u	inderlying ca	ause given in	Part I.	23e. Did to	. /		the cause of death?
900	law reas bee	Completed	CVA						24a. Was a		b. Were aut	opsy findings available ompletion of cause of
Ä	The ate h page	Com	MYASTNENIA	GRAVIS.					perfor	med? No	death? 1 ☐ Yes	2 046
Vita	Physician: Th this certificate ral director, paç	Be	25. Was case referred to medical examiner?	Hospital:					(Check only or			
	Phys this ral dia	1: 70	1 Yes No	1 ☐ Inpatient 28a. Date of Injury (Month, Day Y	2 ER/Outpatie		Bc. Injury at Work?		me 5 Resid			ify)
ion	Attending Indeath. Sector: After by the funer	atlor	Natural 5 ☐ Pending 2 ☐ Accident investigation	(Month, Day Y	ea <i>r)</i> Injury	М	Work? 1 ☐ Yes	2 🗆 No				
Division	el or Attend s after deatl Il Director: od in by the	Certification:	3 Suicide 6 Could not be determined	28e. Place of Injury building, etc. (- At home, farm, st Specify)	reet, factory,	, office	1	28f. Location (S City or Tow		umber or Ru	ral Route Number,
	To the Hospitei or Attentwithin 24 hours after dealt To the Funerel Director: completely filled in by the	edical C		sician: To the best of r iner: On the basis of ex and manner state	amination and/or in							
	To the within To the comp	Me	29b. Signature and title of certifier	1			License num		2		1	, Day, Year)
	103		1 PL	<u>`</u>		1	0063	3179.		9 13	200	6.
	50			614 Easternsh	ore Dr Sal	,	MD 2180)4		,		*
let.	Sta Registr		31. Date filed (Month, Day, Year) SEP 1 5 20	32. Begistrar's		on the second						

		1 - For State Registrar		aryland / Dep <i>Ce</i>	artment of He	ealth and M Death	Reg	g. No.	31015
Physi	cian	Decedent's Name (First, Middle, Las					Date of Death Month	Day Yeer	3. Time of Death
/Med		Grant E.	Powell		th City Town and	tion of Dooth	Septembe	er 12, 2006 4c. County of Deat	5:15
Exam	iner	4a. Facility Name (If not institution, given 7286 Timmons Street			4b. City, Town, or L Pittsvi			Wicomic	
Eurosa		5. Social Security Number 6. Se		ge (In yrs. last birthday	If Under 1 Year	If Under 24 Hrs.	8. Date of Birth		nplace (State or Foreign untry)
Funera Directo			2 M 2 □ F	87 Yrs.	Months Days	Hours Min.	8. Date of Birth Month Day 6/4/191	Penn	sylvania
p ,		Usual Residence of Decedent 10a. State 10b. County		10c. City, Town or L	ocation				10d. Inside City Limits
shov	5	Maryland Wicomic	3 0		sville				1 Tyyes 2 □ No
the A	Directo	10e. Street and Number		1100	10f. Zip Code		10	g. Citizen of What Co	untry?
3 or		7286 Timmons Stre	eet		21850)		USA	
ING 21215-UU36 be filed within 72 hours after death with the Maryland tall Hygiene. do ther then "natural", or items 23a or 28a-f show event, the Medical Exacilies froughten.	by Funeral	11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Armed Forces' 1 □XYes 2 □ If Yes, Give Year or Dates:	No Aremer	Was Decedent of Hisp If Yes, specify Cuban, 1 ☐ Yes 🛣 No	panic Origin? (Spe , Mexican, Puerto Specify:	ecify Yes or No- Rican, etc.)	14. Race - Ame Black, White Specify: W	
72 ho	ted	15. Decedent's Ed (Specify only highest gra	ucation de completed)	16a. Deci	edent's Usual Occupati e kind of work done du	ion iring most of worki		6b. Kind of Business/	ndustry
ithin /	Completed	Elementary/Secondary (0-12)	College (1-4or	5+) life.	DO NOT use retired)	many most or morni	9	_	
led w tygien tygien her th	Cor	12 17. Father's Name (First, Middle, Last)		For	rester	19 Mother's Name	(First, Middle, M	Forestry	7
and if	Be	Edward J. Powell	1		'	Alice F		alogii Saliianio)	
Maryland 21215-0035 ad 2 should be ilied within 72 hours at th and Mental Hygiene. 27 is marked other then "natural; or traumatic event, the Medical Exerci-	ို	19a. Informant's Name/Relationship (19b. Mai	ling Address (Street an			City or Town, State, 2	ip Code)
		Marie Powell/wife	9	728	36 Timmons	St., Pit	tsville,	MD 21850	
Ore, Marylal es 1 and 2 should b of Health and Ment filem 27 is marked r other traumatic	1	20a. Method of Disposition 1 Surial 2 Cremation 3	Removal from State		ematory or other place))		Oc. Location - City or	
Pages ment of ant: If it		`4 □Donation 5 □ Other (Specify)	Pittsvil	le Cemeter			Pittsville	
Baltimore, permit. Pages 1 as Department of Hea Important: if item any injury or othe	5 5 5 6	21. Significant of Funeral Service Ligan		Í	fol Toway from Hi	neral Ho	me Profe Salisbur	ssional As y, MD 2180	sociation 4
		3a. Par 1. Enter the disease, or compock, or heart failure. List only	olications that hus	the death. Do not en	nter the mode of dying,	such as cardiac o	or respiratory arres	st,	Approximate Interval Between
Physicia		Immediate Cause (Final disease or condition	а.	Depres	3, 3-				Onset and Death
/Medica Examine	_	resulting in death)	Due to (or as	s a consequence of):					
		Sequentially list conditions,	b. Due to (or as	s a consequence of):					
uted d ansit	Examine	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease of Injury that initiated events							
certificate be executed configurate be used and use as the burial-transit	Exa	resulting in death) Last	Due to (or as	s a consequence of):					
8760 sate be e thysicien the buria	cal		d						
ortifica Ing pt	Med	IF FEMALE:							
or its at or	Physician/Medical	23b. Was decedent pregnant in the past 12 months?		2 Fetel death 3	☐Ectopic pregnancy			23d. Date of del Month	very Day Year
. 0 00	ysic	1 Yes 2 No	9□ Unknown	at time of death 5	Other (specify)				
Records, P.O. The law requires that the ten been signed by the page 2 should be detached.		Part II. Other significant conditions	ontributing to death	but not resulting in the	underlying cause given	n in Part I.	23e. Did toba	acco use contribute lo	the cause of death?
Vital Records, iician: The law requires t certificate has been signe rector, page 2 should be o	ed by	- Renal I	12 JASIC	-7			1 🗆 Yes	2 2 N o 3 □ Pr	obably 4 □Unknown
aw requir s been si 2 should	Completed	Lenlam -	-4-	/			24a. Was an	24b. Were au	topsy findings available ompletion of cause of
He lav	E	- 1000	Lhac				autopsy perform	ed? death?	2□ No
f Vital Riverian: The secutificate his certificate his director, page	Be	25. Was case referred to medical examiner?					(Check only one		
<u>~ ~ ∞</u> 0	2	1 ☐ Yes 2 ☐ No	Hospital: 1 ☐ Inpat			4 Nursing Ho		nce 6 □Other (Spec	sify)
on c	lon:	27. Manner of Death 1. Natural 5 Pending	28a. Date of Inj (Month, D	ury ay Year) 28b. Time Injury	Work?	?	28d. Describe hov	v injury occurred	
or Attendet deatl	Certification:	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. Place of Ir	njury - At home, farm, s ilc. <i>(Specify)</i>		es 2 No	28f. Location (Stre City or Town,	eet and Number or Ru State)	ral Route Number,
To the Hospital within 24 hours a To the Funeral I completely filled	edical Co			t of my knowledge, dea of examination and/or i tated.					
o the	Med	29b. Signature and title of gertifier			29c. License	number	29	d. Date signed (Monti	n, Dey, Year)
F > F 0		1,2 (1				400561	97	9/14/06	
1 1/2		30. Name and address of person who	completed cause of	death (Item 23a) (Type	, Print)	11 7 71	. /	11:100	
100		Robert	A Cole >	0 218 A	Jahn 57	5-11-56	y Ms	21204	
Regis	State	31. Date filed (Month, Day, Year) SEP 1 5 2	006 32. Pgist	trar's Signature	1		,		

			For State Registrar	State of N	Maryland	d / Depa <i>Cer</i>	irtment <i>tificate</i>	of H	ealth a Death	and Me	ental Hygi	ene 0 0	6	31016
	Physici	án	1. Decedent's Name (First, Middle, La	st) ce D. Ra		aroft					2. Date of Death		Year	3. Time of Death 1:52 P M
1	/Medic	al	4a. Facility Name (If not institution, give			JIOIL	4b. City, To	own, or	Location o	f Death	3-10	4c. County of	of Death	1232 1
	Examin	er	Moran Manor N				West	eri	nport	t		Alle	g.	
V.	Funeral Director		5. Social Security Number 6. S		Age (In yrs. Ia 89	st birthday) Yrs.	If Under 1 Months	Year Days	If Under 2 Hours	Min.	8. Date of Birth (Month, Day, 12-05-	Year) -1916	9. Birthp Coun	lace (State or Foreign try) WV
	and w.		Usual Residence of Decedent 10a. State 10b. County		10c. City	, Town or Lo	cation						1	Od. Inside City Limits
	Maryl	tor	WV Miner	al	Ke	yser								1 ☐ Yes 2 XNo
	th the	Director	10e. Street and Number				10f. Zip C	Code			10	g. Citizen of W	hat Coun	try?
	ath wi		Rt. 4 Box 51 V				267			: 0.40	7	USA	Amaria	an Indian,
	items	Funeral	11. Marital Status 1 ☐ Never Married 2 ☐ Married	12. Was Deceder Armed Force 1 Yes 2	s?	5. 13. \	Was Decede f Yes, specif	nt of His ly Cubar	spanic Orig n, Mexican	gin? (Spe i, Puerto F	cify Yes or No- lican, etc.)		, White,	
99	raf', or	þ	3 ☐Widowed 4 ☐ Divorced	If Yes, Give Year or Dates	-		1 ☐ Yes 2	□Xº∘	Specify:			Specify:	Wh	ite
21215-0036	filed within 72 hours after death with the Maryland Hygiens. She than "natural; or itema 23e or 28e-f ehow ont. The Medical Examinar must be notified at	Completed	15. Decedent's E (Specify only highest gr			(Give	lent's Usual kind of work DO NOT use	done d	uring most	t of workir		6b. Kind of Bus		dustry
12	withir ene. then	dwo	Elementary/Secondary (0-12)	College (1-4d	or 5+)		rer (~		Room		Westv		
פַ	al Hygi other	Be C	17. Father's Name (First, Middle, Las.	·)		20.00			18. Mothe	r's Name	(First, Middle, M	faiden Sumame	ape	ſ-S
ylar	Menta Menta arked	ToE	William L.						Ma	ry E	dna Sw	ann		
Baltimore, Maryland	permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylan Department of Health and Mendal Hydiene. Department of Health and Mendal Hydiene. Important: If tiem 27 is marked other then "naturat," or tiema 23a or 28a-f show servi furry or other traumatic event. The Medical Examinat must be notified at once.		19a. Informant's Name/Relationship David Ravenso		on	19b. Mailir	ng Address (4 Box	′Street a x 5 1	<i>nd Numbe</i> Val	er or Rura. lev	View R	d Keys	state, Zip ser ,	^{Code)} 26726
Je,	item		20a. Method of Disposition		20b. Pl	ace of Dispo metery, crer	sition (Name	e of	1			20c. Location -		
Ë	Page ment tant: If		1 ☑ Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Special Control of Cont	<i>(y)</i>	Re	stlaw	n Mer	n.G	arde	ns 9	-21-06	LaVal	е,	MD
Balt	Depart Mport mport ny in		21. Signature of Funeral Service Lice	2 /1	I		Name and			-	Home	31 Jon	nes	St.
			23a. Part1. Enter the disease, or conshock or heart failure. List only	nplications that caus	sed the death									Approximate
	Physician		shock, or heart failure. List only Immediate Cause (Final disease or condition	one cause on each	line.		luma		abo	truo	tive Pn	lown ora	Dire	Interval Between Onset and Death
100	/Medical Examiner		resulting in death)	Due to (or	as a consequ	ience of):			1.73					y
*	LXdillile	-	Sequentially list conditions, if any, leading to immediate	b	as a consequ	ence of):								
	outed ansit	Examiner	cause. Enter Underlying Cause (Disease or injury that initiated events	c										
ő,	tate be executed whysician and the burial-transit	Exe	resulting in death) Last	Due to (or	as a consequ	ence of):								
8760,	physic physic the b	dlcal	•	d										
Box 6	nding use as	n/Me	IF FEMALE: 23b. Was decedent pregnant	23c. If yes, outcor			Ectopic pre					23d. Date	of delive	эгу
Ö.	The law requires that the death certificate be executed ate hes been signed by the attending physician and bagge 2 should be detached for use as the burial-transit	Physician/Med	in the past 12 months? 1 □ Yes 2 □/No 9 □ Unknown		2 ∏Fetal tat time of de n		Other (spe	,			· · ·	Mon	ith	Day Year
P.O.	that the		Part II. Other significant conditions	contributing to deat	n but not resu	ilting in the u	nderlying ca	use give	en in Part I.		23e. Did tob	acco use contri	ibute to th	ne cause of death?
rds	w requires been sign should be	ed by	Coronary	Anteny	Prse	in		De	ment	in	1 □ Ye	s 2 No	3 🗌 Prob	ably 4 Chknown
of Vital Records,	e law requ hes been je 2 shoulk	Completed					,				24a. Was ar autopsy	v p	rior to co	psy findings available mpletion of cause of
四田	r: The icete h											1 1	eath?	2 No
=	siciar s certif	o Be	25. Was case referred to medical examiner? 1 Yes 2 No	Hospital: 1 Inpa	atient 2 🗆 I	ER/Outpatier	nt 3 DOA	Othe	-		_(Check only one ne 5 ☐ Reside		er (Specif	v)
on of	Attending Physician: or death. ector: After this certifice by the funeral director.	Ilon; To	27. Manner of Death 1 ☑Natural 5 ☐ Pending	28a. Date of I (Month,		28b. Time o Injury		Bc. Injury Work	at	2	28d. Describe ho			,,
Division	To the Hospital or Attending Physician: The I within 24 hours after death. To the Funeral Director: After this certificate he completely filled in by the funeral director, page	Certification;	2 Accident investigation 3 Suicide 6 Could not 4 Homicide determine	28e. Place of	Injury - At ho etc. (Specify						28f. Location (Sti City or Town		er or Rura	I Route Number,
	To the Hospital within 24 hours a To the Funeral I completely filled	edical Ce		hysician: To the be										
	ithin 2, ithin 2 on the F	Med	29b. Signature and title of certifier	and manner	stated.		29c.	License	number		29	9d. Date signed	(Month,	Day, Year)
	F ≯ F 8) - (m			1			صاعب				2006
			30. Name and address of person who	completed cause of	of death (Item	23a) (Type,	Print)	70	110		21532	11.	1.1	
			DR-JESUS AA 31. Date filed (Month, Day, Year)	1 - 4 BNO	SADWI strar's Signal	94 - F	ROST A	00)	86 N	ηD .	21532			
	Sta Regist			2006	Action of Original	A.	Annall	£						

			For State Registrar		State of M	arylan		artmer			ind Me		jiene		310	117
() () ()	Physicia	ın	Decedent's Name (First, Middle Decedent's Name (First, Middle)	, Last)								Date of Deat Month	Day	Year	3. Time o	
E	/Medic	al	Carmela Russo 4a. Facility Name (If not institution		east and aim has			4h Cih	Town or	Location o		eptembe		2, 2006		7 р. ^м
	Examin	er	1814 Greenleese						erick		Death			ederic		
\$	Funeral	5	5. Social Security Number	6. Sex	7. A	je (In yrs.	last birthday)	If Unde	r 1 Year	If Under	24 Hrs. 8. Min.	Date of Birth (Month, Day,			rthplace (State	or Foreign
	Director		069-30-4463 Usual Residence of Decedent	1 🗆 1	² XX	69	Yrs.	Months	Days	Hours	Ma.	ay 28,1	937	Nev	York	
	yland how		10a. State 10b. County				y, Town or Lo					_			10d. Inside C	•
	Ba-fs	ctol	Maryland Frede	rick	ζ	Fre	derick									X № No
	within 72 hours after death with the Maryland ene. Than "natural", or items 23a or 28a-f show he Madical Exercites must be notified at	Completed by Funeral Director	1814 Greenleese	Dr	ive				21701			1	US. Citi	izen of What C	ountry?	
	r dea	ner	11. Marital Status		. Was Decedent Armed Forces	?	S. 13.	Was Dece If Yes, spe	dent of Hi	spanic Orig	gin? (Specif , Puerto Ric	y Yes or No- zan, etc.)		14. Race - Am Black, Wh		
980	ours afte	by Fu	1 ☐ Never Married 2 ☑ Marri 3 ☐ Widowed 4 ☐ Divorced	ied	1 □ Yes 2 □ If Yes, Give Year or Dates:	No	1	1 🗌 Yes		Specify:		32		Specify:	Vhite	
21215-0036	nin 72 he n *natu	pietec	15. Decedent (Specify only highes Elementary/Secondary (0-12)			5+1	16a. Dece (Give life.	dent's Usu kind of wo DO NOT u	ial Occupa ork done o ise retired	ition luring mosi)	of working		16b. K	ind of Busines	s/industry	
212	d with giene er the	E O	12		College (1-40)		Home	emake	r				Ow	n home		
Maryland	iit. Pages 1 and 2 should be filed within 72 hours after death with the Marylan chariffer of 1 and 2 should be filed within 7 should be shown chant; I tem 27 is marked other than "naturel", or items 23a or 28a-f shown njury or other treumatic event, the Madical Exeminar must be notified at a fury or other treumatic event, the Madical Exeminar must be notified at a function of the contract of the	To Be (17. Father's Name (First, Middle, Ciro Matarazzo	-							r's Name <i>(F</i> na Mar	First, Middle, i rra	Maiden	Sumame)		
Mary	id 2 shou lth and N 27 is mai treumai		19a. Informant's Name/Relations Michael Russo —											or Town, State, Maryla		701
ē,	permit. Pages 1 and 2 Department of Health a Important: if item 27 is any njury or other tre		20a. Method of Disposition				Place of Dispo	osition (Na	me of other place	9)	Date	θ	20c. Lo	ocation - City o	r Town, State	
Ë	Page nent o int: If	li	1 ☐ Burial 2 🖾 Cremation 4 ☐ Donation 5 ☐ Other (S)		moval from State	'	deric				-13-20	006	Fre	derick	, Maryla	and
Baltimore,	rmit. ppartm ports y nju		21. Signature of Fuheral Service	Licensee	1	•	2:	2. Name a	nd Addres	s of Facilit				eral H		
<u> </u>	Ded Find A		/ Hans											ck, Mar	cyland :	
		1	23a f art1/ Enter the is ase of show, or head failur List	complications one	ations that suse cause of ach	d the deat ine.	h. Do not en	ter the mo	de of dying	g, such as	cardiac or r	espiratory arr	est,		Approxima Interval Be Onset and	tween
F	Physician		Immediate Cause (Final disease or condition resulting in death)	_ a.	Car	dio 1	ulmona	ary a	rrest	:					Secun	1
	/Medical Examiner		resulting in death)		Due to (or as										W. C.	
		P.	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	b.	Due to (or as		y hear	ct di	sease	2					years	-
	uted d ansit	icai Examiner	cause. Enter Underlying Cause (Disease or injury that initiated events	٢.											V	
oʻ	ate be executed hysician and the burial-transit	Exa	resulting in death) Last	•	Due to (or a	a conseq	uence of):									
	ate be nysicié he bu			L d.												
. 68	certifica nding ph use as th	Med	IF FEMALE:	1											lyan and a	
B	death d for	Completed by Physician/Med	23b. Was decedent pregnant in the past 12 months? 1 □ Yes 2 ☑ No 9 □ Unknown	23	c. If yes, outcome 1 Live birth 4 Pregnant a 9 Unknown	2 Feta	I death 3	□Ectopic p □ Other (s						23d. Date of d Month	,	Year
P.0	requires that the een signed by thi nould be detache	Y Ph	Part II. Other significant condition			but not res	ulting in the u	ınderlying	cause give	en in Part I		23e. Did to	bacco i	use contribute	to the cause of	death?
rds	quires n sign uld be	g p	atrial fibril	Latio	on							1 🗆 Y	es 2	□No 3□F	Probably 4 🖃	Onknown
13	- Q TO	ojete	diabetes mel	Litus	S							24a. Was a		24b. Were	autopsy findings completion of	available
æ	The la	Шо										autops perfor	med?	death?		cause or
ita	ilen: ortifica ctor. p	Bec	25. Was case referred to medical examiner?							26. Ptace	of Death (Check only or				
₹ \	hysic his ce I dire	2	1 Yes 2 10 No	Ho			ER/Outpatie			4 🗆 NU	rsing Home			6 □Other (Sp	ecify)	
E C	After t	on:	27. Manner of Death 1 ■ Naturat 5 □ Pendin		28a. Date of Inj (Month, D	ury ay Year)	28b. Time of Injury		28c. Injun Worl			d. Describe h	ow inju	ry occurred		
Division of Vital	Attending r death. sctor: After by the funer	icat	2 Accident investig	not be	28e. Place of Ir	iurv - Ath	ome farm st	M reet facto		Yes 2		f Location /S	treet ar	nd Number or I	Rural Route Nur	mher
Οi<	ital or A irs after rei Dire led in by	Certification:	4 Homicide determ		building, e	tc. (Specil	(y)					City or Tow	n, State	e)		
	To the Hospital or Attending Physicien: The law within 24 burus after death. To the Funerel Director: Attenthis certificate has completely filled in by the funeral director, page 2 to	edicai	29a. Certifier 1 Certifyir (Check only one)	g Physi Examin	cian: To the bes er: On the basis and manner s	of examina	owledge, deat ition and/or in	th occurred ivestigatio	at the tim n, in my of	ne, date an pinion, dea	d place, and th occurred	d due to the c at the time, c	ause(s date and) and manner a d place, and di	as stated. ue to the cause((s)
	To the within To the Comp	ž	29b. Signature and title of fertifie	4					c. License		. ,			-	nth, Day, Year)	
•			1/1/00	Vi	M				013	.80	4	•	9-	13-0	06	
	5		30. Name and address of person	who con	repleted cause of		m 23a) (Type,	Print)	77.		Tal	7.		Engl-	06 rick,	mn
			116062	U/		- 4	· /-	1 76/1		1 120 6 8	11 11/11/11	VIA III	~ . /	1 -17	ACCEPTED	1 1 1 1

		State Registrar			rtment of He rificate of D	eath	Re	g. No.	0 0101
Physici /Medio		Decedent's Name (First, Middle, Last) Theresa				-	2. Date of Death Month Septemy	Day Year	de 8:0+ M
Examir	ner	4a. Pacility Name (If not institution, give str St. Ugnes Hea	1th Care		1 40 0 40	nore		4c. County of Do	
Funeral Director		5. Social Security Number 6. Sex 1 Number 1 Numb	7. Age (In yrs.)		If Under 1 Year* Months Days	Hours Min.	8. Date of Birth (Month, Day, NOV 27,	1925 M	Birthplace (State or Foreig Country) Iaryland
h the Maryland r 28a-1 show	or	10a, State 10b. County		y, Town or Loc					10d. Inside City Limi
ith the M or 28a-f	Director	MD Baltimore 10e. Street and Number	Cat	<u>onsvill</u>	10f. Zip Code		10	og. Citizen of What	Country?
th with 23s or	D	651 North Bend Road	[21229			United S	States
er dea	y Funerai	11. Marital Status 12 1 Never Married 2 Married	. Was Decedent Ever in U. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give	lf '	as Decedent of Hisp Yes, specify Cuban,	anic Origin? (Spe Mexican, Puerto f Specify:	cify Yes or No- Rican, etc.)	Black, W	
72 hours "natural",	Completed by	3 ☐ Widowed 4 ☐ Divorced 15. Decedent's Educa (Specify only highest grade of		(Give k	ent's Usual Occupation of work done during NOT use retired)	on ring most of working	ng	16b. Kind of Busine	White ss/Industry
filed withir Hygiene. other than	Comp	Elementary/Secondary (0-12) 12 17. Father's Name (First, Middle, Last)	College (1-4or 5+)	Cler	ck	8. Mother's Name	(First Middle A	State Go	overment
d be i	Be C	Charles Carnaggio				Olga Roc		and of Garriano,	
and 2 should be salth and Mental n 27 is marked on traumatic even	2	19a. Informant's Name/Relationship (Types Carl E. Rivas/Husba		1	Address (Street and	d Number or Rura	l Route Number,		
permit. Pages 1 and 2 should be filed within 72 hours alt Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or eny injury or other traumatic event, the Medical Exampance.		20a. Method of Disposition ★□ Burial 2 □ Cremation 3 □ Rer 4 □ Donation 5 □ Other (Specify)	20b. P	Place of Disposi emetery, crema		D	ate 2	20c. Location - City Wings Mil	or Town, State
permit. I Departm Importar eny inju		21. Signature of Funeral Service Licensee	-willM010			of FacilityHarr	y H. Wi	tzke's Fa	mily FH Ind
		23a. Part 1. Enter the disease, or complica shock, or heart failure. List only one Immediate Cause (Final	cause on each line.	h. Do not enter	r the mode of dying,	such as cardiac o	r respiratory arre		Approximate Interval Between Onset and Death
Pnysician /Medical Examiner		disease or condition resulting in death)	Due to (or as a consequence		PNE	OMONI			UNKNOW
ficate be executed physician and the burial-transit	edical Examiner	S pentially list conditions if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last d.	Due to (or as a consequence to (or as a consequence)						
the death certific y the attending p ched for use as	Physician/Medi	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 □ Yes 2 ☑ No 9 □ Unknown	b. If yes, outcome of pregna 1 ☐ Live birth 2 ☐ Feta 4 ☐ Pregnant at time of d 9 ☐ Unknown	I death 3 E	Ectopic pregnancy Other (specify)			23d. Date of Month	delivery Day Year
w requires that been signed b should be deta	ed by PI	Part II. Other significant conditions contr	ibuting to death but not resi	-		in Part I.			o to the cause of death? Probably
The law rate has be page 2 sh	Completed by						24a. Was ar autopsy perform 1 ☐ Yes 2	prior death	autopsy findings availa to completion of cause ? es 2 \(\text{No} \)
ician: The certificate rector, pag	Be	25. Was case referred to medical examiner?	enital:			6. Place of Death			
Phys rthis raldii	tion: To	27. Manner of Death 1 Natural 5 Pending 2 Accident investigation	spital: 1 ☐ Inpatient 2년 28a. Date of Injury (Month, Day Year)	ER/Outpatient 28b. Time of Injury	28c. Injury a Work?	4 ☐ Nursing Hon t 2 s 2 ☐ No		nce 6 Other (S w injury occurred	pecify)
tal or Attending s after death. al Director: After ed in by the fune	Medical Certification;	3 Suicide 6 Could not be 4 Homicide determined	28e. Place of Injury - At he building, etc. (Specification)	ome, farm, stree	et, factory, office	2	281. Location (Sti City or Town	reet and Number or , State)	Rural Route Number,
To the Hospital or Attu within 24 hours after de To the Funeral Directo completely filled in by th	edical	29a. Certifier 1 Certifying Physic 2 Medical Examine	cian: To the best of my know: On the basis of examina and manner stated.	wledge, death tion and/or inve	occurred at the time, estigation, in my opin	date and place, a lion, death occurre	and due to the ca ed at the time, da	use(s) and manner ite and place, and c	as stated. due to the cause(s)
- E - E	Σ	29b. Signature and title of certifier	A mi	\	29c. License r	number		od. Date signed (Mo	onth, Day, Year)
5 ½ 5 g		/ Whis w	a Illi		000-	3 (065		12/-120	niser 12,

			1 - For State Registrar	State of Maryla	and / Dep	artment	of Health and of Death	•	_		311	119
	_		Decedent's Name (First, Middle, L.	ast)		- Iniouto	or boarr	2. Date of D		5 0	3. Time	of Death
п	Physic		Lillian	L.		Sesso		Septemb	oer 11, 200	Year		5 A M
	/Medi Examir		4a. Facility Name (If not institution, g.				own, or Location of De		4c. Count		1	
			Millennium of Fore	stville Nursing C	are	Fores	tville		Princ	ce Geor	ree s	
	Funeral Director		577-50-5460	Sex 1	rs. last birthday) Yrs.	If Under 1 Months			Birth Day, Year)	9. Birthp	place (State ntry) ginia	
	and *	1	Usual Residence of Decedent 10a. State 10b. County	10c	City, Town or Lo	ncation					Od. Inside (
	within 72 hours after deeth with the Maryland ene. than "natural", or Items 23e or 28e-f ehow ta Madical Examinar must be rodified at	ector	Maryland Prince		Distric				10g Citizen of		1 🗆 Yes	s 2⊠Mo
	3e or	ā	2204 Breton Dri	ve			20747		10g. Citizen of		itry /	
	deeth ms 2	era	11. Marital Status	12. Was Decedent Ever in	U.S. 13,			(Specify Yes or N	US.	A ce - Americ	an Indian	
036	ours after al', or Ite	by Funeral Director	1 ☐ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	Armed Forces? 1 ☐ Yes 2 XXIII If Yes, Give Year or Dates:	l l	If Yes, specif 1 ☐ Yes 2%	nt of Hispanic Origin? y Cuban, Mexican, Pu IXNo <i>Specify:</i>	èrto Rican, etc.)	Bla Specif	ck, White,		
2-0	72 hc	eted	15. Decedent's E (Specify only highest g		16a. Dece	dent's Usual	Occupation	undking.	16b. Kind of B	usiness/Inc	dustry	
2121	ad within 'giene. er than "	Completed	Elementary/Secondary (0-12)	College (1-4or 5+)	Scho	ol Cro	done during most of vertired) Ossing Guar	rd	P.G. 0	County	у	
Maryland 21215-0036	ould be file Mental Hy arked oth	To Be	17. Father's Name (First, Middle, Las Obie Vaugh				18. Mother's N		de, <i>Maiden Sum</i> ar Garrisor	,		
Jar	2 she and le m		19a. Informant's Name/Relationship		19b. Maili	ng Address (Street and Number or	Rural Route Num	ber, City or Town,	State, Zip	Code)	
Baltimore, N	permit. Pages 1 and 2 should be filed within 72 hours after deeth with the Marylan Depertment of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or Items 23e or 28a-f ehow the injury or other traumatic event, the Madical Examinat must be notified at anote.		Americo Sesso / 20a. Method of Disposition **XXBurial 2	20b	cemetery, crei	natory or oth		Date	Heights, 20c. Location	Mary City or To	land wn, State	20747
ti m	t. Pa ntmen rtant:		4 Donation 5 Other (Spec		edar Hill			14/2006	Suitland	, Mary	land	
Ba	Depe Impo		21. Signature of Foneral Service Lice 23a. Part1. Enter the disease, or expressions of the service service service services and the services services are services as the services services and the services services are services as the services are services are services as the services are services are services are services as the services are services as the services are services	Dwann		LOU Uxor	Address of Facility G Hill Road O	xon Hill.	Marvland –	al Hom 20745	e P.A.	
3760,	Physician process of p	dical Examiner	shock, or heart failure. List only Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	y one cause on each line.	AGE ALZI equence of):		'S disease				Interval Be Onset and	itween Death
.O. Box 68	it the death certifica by the attending ph tached for use as th	Physician/Med	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 □ Yes 2 □ No 9 □ Unknown	23c. If yes, outcome of preg 1 □Live birth 2 □ Fe 4 □ Pregnant at time of 9 □ Unknown	etal déath 3 □	Ectopic preg Other (spec				te of deliver		Year
rds, P	w requires thet the been signed by th should be detache	ρ	Part II. Other significant conditions	contributing to death but not re	esulting in the u	nderlying cau	se given in Part I.		tobacco use cont		ecause of	
<u> </u>	The law ate has b page 2 sl	Completed						24a. Was	opsy ormed?	Were autop prior to com death? 1 Yes	osy findings npletion of a	available cause of
Vital	sician: Th certificate rector, pag	Be	25. Was case referred to medical examiner?				1	eath (Check only	and the same of			
0	Physic this c	2	1 ☐ Yes 2 📉 🕽 🔾	-	☐ ER/Outpatien			Home 5□Res	idence 6 □Oth	er (Specify)	
Division of	Attending Physician: r death. ector: After this certific. by the funeral director.	Certification:	27. Manner of Death 1 Natural 5 Pending 2 Accident investigation 3 Suicide 6 Could not be			М	. Injury at Work? 1 □ Yes 2 □ No	28d. Describe	how injury occuri	ed		
	p at p r		4 Homicide determined	building, etc. (Spec	city) 			City or To	(Street and Numb own, State)			nber,
	F F F F	ledical	29a. Certifier (Check only one) 1 ★ Certifying Pl	hysician: To the best of my kr miner: On the basis of examir and manner stated.	nowledge, death nation and/or inv	occurred at restigation, in	the time, date and pla my opinion, death oc	ce, and due to the curred at the time,	cause(s) and ma , date and place,	nner as sta and due to	ated. the cause(:	s)
	To the within 2 To the comple	Σ	29b. Signature and title of certifier	().			icense number		29d. Date signed	1 (Month, E	lay, Year)	
-	62		· RAMM	ma ()			D51520		Septembe	er 12	, 2006	6
R	(14)		30. Name and address of person who									
	Sta	10	Bahram Pishdao 31. Date filed (Month, Day, Year)		outhern	Avenue	S.E. #310) Washing	gton, DC	2003	32	
	Registr		SFP 1 4 2006	2. Registrar's Sign	Good							

	,		1- State of Maryland / Department of Health and Mental Hygier 0 6 3 Certificate of Death Registrar 9/25/06 WCHD/SH per Dr. Certificate of Death	1020											
	Physici /Medic		1. Decedent's Name (First, Middle, Last) Glennie May Snyder - Glennie - Mae Snyder 2. Date of Death Month Day Year	Time of Death											
	Examin		4a. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death	 on											
	Funeral Director		5. Social Security Number 220-05-6639 1 M 2 N 85 Yrs. Hagers town, Washing to Social Security Number 1 Months Days Hours Min. Nov. 8, 1920 9. Birthplace Country MD	e (State or Foreign											
	Maryland -f show fied at	tor	10a. State 10b. County 10c. City, Town or Location 10d. I	Inside City Limits 1 ☐ Yes 2 ◯XNo											
	h with the 23a or 28a at be noti	Funeral Director	10e. Street and Number 112 Sun Flower Dr. 10f. Zip Code 21740 10g. Citizen of What Country? U.S.A.												
5-0036	s 1 and 2 should be fliad within 72 hours after death with the Maryland of Health and Mental Hygiene. Itam 27 Is marked other then "natural; or Itams 23e or 28e-f show other traumatic event, Ire Medical Execution or matter refilted at	Ď	3 X Widowed 4 □ Divorced Year or Dates: Specify: Specify: Specify: Specify:												
21215-0	I within 72 ho iene. r than "natu ine Medical	Completed	15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) 12th grade 15a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) secretary 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) construction company	•											
	ould be filad Mental Hygid arkad othar atic avant, I	To Be C	17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Crystal Zimmorman												
Maryland	and 2 should lead the modern of the modern of the marker ier treumetic	-	19a. Informant's Name/Relationship (Type, Print) Marilyn Whittington 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Cool 314 Winding Oak Dr. Hagerstown, MD 21												
Baltimore,	permit. Pages 1 and 2 Department of Health Importent: If item 27 any Injury or other tra		20a. Method of Disposition 1X Burial 2 Cremation 3 Removal from State 14 Donation 5 Other (Specify) 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, Big Pool, M												
Balti	permit. Departn Imports any Inju		21. Signature of Funeral Service Licensee 22. Name and Address of Facility Donald Edwin Thompson Funeral Hom P.O.BOX 310 Clear Spring, MD 2172	ne,Inc											
	Pnysician /Medical Examiner	er.	Approximate Inter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart/allure. List only one cause on each tree. Immediate Cause (Final disease or condition resulting in death) Due to (or as a consequence of): Due to (or as a consequence of):												
68760,	ficate be executed physician and is the burial-transit	edical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease of injury that initiated events resulting in death) Last Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):												
O. Box	The faw requires that the death cartific te has been signed by the attending p tage 2 should be detached for use as	Physician/Med		y Year											
rds, P	w requires that been signed b should be deta	by	Part II. Other significant conditions contributing to death but not resolving in the underlying cause given in Part I.												
al Records,		Completed		ation of cause of											
of Vital	<u>></u>	To Be	examiner? Hospital: 1 Inpatient 2 FR/Outgatient 3 DOA Other: 4 Nursing Home Residence 6 Other (Specify)												
Division o	ttanding death. stor: After r the fune	Certification:		oute Number,											
Ο	oital or A urs after iral Dirac														
	To the Hospitel or within 24 hours after To the Funeral Dir completely filled in	Medical	29a. Certifier Certifying Physicien: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated (Check only one) 2 Medicel Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the and manner stated.	cause(s)											
	To With	M	29b. Signature and title of certifier 29c. License number 29c. License number 29d. Date signed (Month, Day, 018/0	, Year)) 6											
	0:7		30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Tind Houndam, MD: 1130 OPAL CT: Hagenstein	UM, MD											
	Sta Registi			+(140											

			1 - For State Registrar	St	ate c	от ма	ryıanı		irtment of F tificate of		ı wenta		ene 0	06	31021
	Dhusisi		1. Decedent's Name (First, Midd	lle, Last)							2. Dat	e of Death	Day	Year	3. Time of Death
	Physici /Medic		NANCY L. SMI	TH							SEPTI	EMBER (08, 200		05:51 AM
	Examin	er	4a, Facility Name (If not instituti	. •	t and nu	umber)			4b. City, Town, o		ath			y of Death	
			485 HATTIE 5. Social Security Number	DRIVE 6. Sex		7 470	(In use I	ast birthday)	HAMP	STEAD If Under 24 H	Irs 0 Day	e of Birth	CA	RROLL	place (State or Foreign
	Funeral Director		220-32-7458	1 M	2 ⊠ F	_	70	Yrs.	Months Days	Hours M	in. (Mo	onth, Day,	Year) 15,1935	Cou	MARYLAND
			Usual Residence of Decedent			l	70				DECE	IIDEN O	0,100	1	IARTEARD
	ryland how		10a. State 10b. Count	У			10c. City	y, Town or Lo	cation				_		10d. Inside City Limits
	B Ma	ē	MARYLAND MONT	GOMERY				SIL	VER SPRING						1 ☐ Yes 2 🖾 No
	or 28	Director	10e. Street and Number						10f. Zip Code			10	g. Citizen of	What Cou	intry?
	ath w		8818 READING							20901				U.S.A.	
	er de Itama	Funeral	11. Marital Status	A	Amed F			S. 13. V	Vas Decedent of H Yes, specify Cub	lispanic Origin? an, Mexican, Pu	(Specify Ye erto Rican,	s or No- etc.)		ce - Amer ack, White	ican Indian, , etc.
36	rs aft	by F	1 ☐ Never Married 2 ☐ Ma 3 ☐ Widowed 4 【※*Divorce	lf.	∟res fYes, G ∕ear or [2 [X] No ive Dates:	5	1	☐ Yes 2🛛 No	Specify:			Speci	fy: CAI	JCASIAN
21215-0036	filed within 72 hours after death with the Maryland Hygiene. Other than "natural", or items 23e or 28e-f show ent, the Medical Esaminar must be redified at	ted	15. Decede	nt's Education	n				lent's Usual Occup			1	6b. Kind of 8	Business/I	ndustry
215	hin 7	ple	(Specify only high Elementary/Secondary (0-12)	T) (1-4or 5+	-)	(Give life. L	kind of work done OO NOT use retire	during most of v d)	vorking				
2	ad wit	Completed	12						HOUSEPAINT	ER				SELF	
lud	be file	Be	17. Father's Name (First, Middle	, Last)						18. Mother's N	lame (First,	Middle, M	aiden Suma	me)	
<u>}</u>	should ind Men marke umatic	٢	JOSEPH MYRON										THERINE		
Maryland	C1 10 = 08		19a. Informant's Name/Relation		•	170			g Address (Street					n, State, Zi	p Code)
	1 and Health em 27 ther tr		CATHERINE L. SMI 20a. Method of Disposition	TH - DAU	UGHTE	K.	20b. P	lace of Dispos	ATTIE DRIV	T	EAD, MA		0c. Location	- City or T	own. State
nor	Pages nent of i		1 ☑ Burial 2 ☐ Cremation		val from	State	WES	emetery, cren LEY CHA	natory or other plai PEL METHOD	IST	101000				
altimore,	permit. Pages Department of importent: If i any injury or once.	- 1	4 ☐ Donation 5 ☐ Other (CHI	URCH CEM	ETERY . Name and Addre		12/2006		ROCK HAI		
B	Dep imp	5 0	Mure	TiK	Col	er	4								RYLAND 20904
			23a. Part1. Enter the disease, shock, or heart failure. Li	or complicatio	ons that	caused t	the death	n. Do not ente	er the mode of dyir	ng, such as card	liac or respi	ratory arre	st,		Approximate Interval Between
	Pnysician	8 1	Immediate Cause (Final disease or condition	1 only one on				LATERAL.	SCLEROSIS						Onset and Death
	/Medical		resulting in death)	a				uence of):	DOLLARODED						
	Examiner		Sequentially list conditions,	b		w								_	
_	ed sit	Examiner	if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	₹	Oue to	(or as a	ecrisadi	whee of):							
	al-trar	xan	that initiated events resulting in death) Last	с	Due to	(or as a	consequ	uence of):							
8760	cate be executed physicien and the burial-transit	dical													
ဖ	tificating phy			J									-1/-		
Вох	th cer endin	iclan/Me	IF FEMALE: 23b. Was decedent pregnant			utcome o birth 2			Ectopic pregnanc	,			1	ate of deliv	
E	he ett	sicle	in the past 12 months? 1 ☐ Yes 2 ☒No	4		nant at ti			Other (specify)				М	onth	Day Year
<u>Ч</u>	that the deeth certificed by the ettending is detached for use as	by Phys	9 ☐ Unknown Part II. Other significant condi				1 221 222	ulting in the un		en in Boot I	22	o Did tob	2000 1100 000	stributo to	the cause of death?
ds,	The law requires that the deeth certificate has been signed by the ettending is age 2 should be detached for use as		Part II. Other significant condi	TOTAL CONTINUE	italy to t	Joan Du	t not resc	atting in the di	idenying cadse giv	en in Fanti.	20		2 1 No		bably 4 Unknown
ŏ	been shoul	etec									-				•
Rec	has ge 2	Completed									- 24	 a. Was an autopsy perform 		prior to co death?	opsy findings available ompletion of cause of
ā		မ Co	25. Was case referred to medic	al						00 81			⊠ No	1 🗌 Yes	2 □ No
>	Physician: r this certific ral director,	To B	examiner? 1 ☐ Yes 2 ☒ No	Hospi	ital:	Inpatien	t 2 🗆	ER/Outpatien	t 3 DOA Ott	26. Place of □				her (Spec	DAUGHTER'S
<u>0</u>	를 들면		27. Manner of Death		Ba. Date	of Injury	,	28b. Time of Injury	28c. Injui				v infury occu		RESIDENCE
jo	or Attending after death. Diractor: After in by the funer	atlo	Z [] Mooidonit	tigation	(1410)	,,, oay	, 50,	ii ija iy		Yes 2 □ No					
4,	# 8 # F	월	3 ☐ Suicide 6 ☐ Coul 4 ☐ Homicide deter	mined 28	Be. Plac build	e of Injur	ry - At ho (Specify	ome, farm, stre	et, factory, office			cation (Strey or Town,		ber or Rui	ral Route Number,
\leq	irac irac	T		100				· · · · · · · · · · · · · · · · · · ·				-			
Division of Vital Records, P.O.	pital or Attendurs after deathurs after deathurs Diractor:	Certification;						wledge death							
DIVI	Hospital or A 24 hours after Funeral Dirac stely filled in by		(Check only 2 Medica	il Examinar: (On the I	basis of e	examinat	tion and/or inv	occurred at the tile restigation, in my o	me, date and pla ppinion, death oc	ccurred at the	e time, da	te and place	anner as , and due	stated. to the cause(s)
Divi	To the Hospital or A within 24 hours after To the Funeral Dirac ompletely filled in by	Medical Cert		il Examinar: (On the I	e best of basis of e	examinat	tion and/or inv	occurred at the timestigation, in my compared 29c. Licens	ppinion, death oc	ccurred at th	e time, da	te and place	, and due	to the cause(s)
Divi	To the Hospital or A within 24 hours after To the Funeral Dirac completely filled in by	edical	(Check only 2 Medica	il Examinar: (On the I	basis of e	examinat	tion and/or inv	restigation, in my o	ppinion, death or se number	ccurred at th	e time, da	d. Date sign	, and due	to the cause(s)
Divi	To the Hospital or A within 24 hours after. To the Funeral Direc completely filled in by	edical	(Check only 2 Medica	er	On the l	basis of e	examinat ed.	tion and/or inv	restigation, in my o	ppinion, death or se number	ccurred at th	e time, da	d. Date sign	, and due	to the cause(s)
Divi	To the Hospital or A within 24 hours and C T to the Funeral Direct completely filled in by	edical	(Check only 2 Medical one) 2 Medical Medical Medical Medical One 29b. Signature and title of certification	in who comple	On the land man	basis of e	examinated.	tion and/or inv	restigation, in my o	ppinion, death or se number	ccurred at th	e time, da	d. Date sign	, and due	to the cause(s)

			1 - Stata AMERI ITEM 248 Registrar	a per verb.	,G861_11/16/069	leaith and Mentai H Death	ygiene 006 31022
	Physici	án	Decedent's Name (First, Middle, Last)		EE SIMMONS	2. Date of E Month	Day Year
	/Media	al	SAMDRA	LBB	-5/MM2	9	18 06 1120 M
	Examir	er	4a. Facility Name (If not institution, give street	Viv.		Location of Death	- Garrett
	Funeral		5. Social Security Number 6. Sex	7. Age (In yrs. i	Months Davs	If Under 24 Hrs. 8. Date of E Hours Min. (Month, I	Birth 9. Birthplace (State or Foreign Country)
	Director		218-38-6686	65	Yrs.	Sept 9	, 1941 Kentűcky
	yland		10a. State 10b. County		y, Town or Location		10d. Inside City Limits
	e Mar	ctor	MD Garrett	Gra	ntsville		1 ☐ Yes 2 🔀 No
	with th	Director	10e. Street and Number		10f. Zip Code		10g. Citizen of What Country?
	leath ne 23	Funeral	258 Scenic Drive	/as Decedent Ever in U.		536 Ispanic Origin? (Specify Yes or N	USA 14. Race - American Indian.
21215-0036	ges 1 and 2 should be filed within 72 hours after death with the Maryland to Health and Mentat Hygiene. If Item 27 is merked other then "natural", or Itame 23a or 28a-1 show or other traumatic event, the Medical Exactin	by	1 Never Married 2 X Married 1	rmed Forces? ☐Yes 2 X No Yes, Give ear or Dates:	If Yes, specify Cuba 1 ☐ Yes 2 🕱 No	ispanic Origin? (Specify Yes or Nan, Mexican, Puerto Rican, etc.) Specify:	Black, White, etc. Specify: White
5-0	72 ho	Completed	15. Decedent's Education (Specify only highest grade com		16a. Decedent's Usual Occup (Give kind of work done	during most of working	16b. Kind of Business/Industry
121	within ene. then "	Jung		ollege (1-4or 5+)	life. DO NOT use retired Homemaker	1)	Own Home
d 2	il Hygir other	Be Co	17. Father's Name (First, Middle, Last)		Homemarce	18. Mother's Name (First, Midd	
ylar	should be and Mental marked o	ToB	James Ricketts			Betty Triplet	t
, Maryland	1 and 2 sho Health and Iom 27 Is m		19a. Informant's Name/Relationship (Type, P. Michael A. Simmons/I	,	-	and Number or Rural Route Num., Grantsville,	nber, City or Town, State, Zip Code) MD 21536
Baltimore,	Pa Pa		20a. Method of Disposition 1 🔀 Burial 2 □ Cremation 3 □ Remov 4 □ Donation 5 □ Other (Specify)	val from State	Mace of Disposition (Name of emetery, crematory or other place er Glade Cem.	Sept 22, 2006	20c. Location - City or Town, State Friendsville, MD
Balt	permit. Departm Importar any inju		21. Signature of Fungral Service Licensee	man		ss of Facility heral Homes, P., c St., Grantsvi	
			23a. Part 1. Enter the disease, or complication shock, or heart failure. List only one cau		 Do not enter the mode of dyin 	g, such as cardiac or respiratory	arrest, Approximate
2.0	Physician /Medical		Immediate Cause (Final disease or condition resulting in death)	ARTERI	DSCEROT) c coronary	Vascular (par)
	Examiner			Due to (or as a consequ	uence of):	/	disease 3
	7 7	ner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	Due to (or as a consequ	uence of):		
	ecuted and -trans	Examiner	that initiated events	Buch (
8760,	icate be executed physician and s the burial-transit	alE		Due to (or as a consequ	uerice oi).		
687	ificate g phys	edical					
Вох	eath certific ettending p i for use as i	-	d				
O.		an/I	230. Was decedent pregnant	yes, outcome of pregna □Live birth 2 □ Fetal			23d. Date of delivery
-	the e	/sician/l	23b. Was decedent pregnant in the past 12 months?	yes, outcome of pregna □Live birth 2□Fetal □Pregnant at time of de □Unknown	I death 3 Ectopic pregnancy		23d. Date of delivery Month Day Year
٣	that the death cer hed by the ettendir detached for use	y Physician/Med	23b. Was decedent pregnant in the past 12 months?	□Live birth 2 □ Fetal □Pregnant at time of de □Unknown	I death 3 □ Ectopic pregnancy eath 5 □ Other (specify)		
rds, P	quires that the dei on signed by the e uld be detached f	þ	23b. Was decedent pregnant in the past 12 months? 1 Yes 2 No 4 9 Unknown 9	CLive birth 2 Fetal Pregnant at time of de Unknown	I death 3 □ Ectopic pregnancy eath 5 □ Other (specify)	en in Part I. 23e. Did	Month Day Year
ecords, P	law requires that the der as been signed by the e 2 should be detached to	þ	23b. Was decedent pregnant in the past 12 months? 1	CLive birth 2 Fetal Pregnant at time of de Unknown	I death 3 □ Ectopic pregnancy eath 5 □ Other (specify)	en in Part I. 23e. Did	Month Day Year I tobacco use contribute to the cause of death? Yes 2 No 3 Probably 4 Onknown Is an 24b. Were autopsy findings available
	The law requires that the d rate has been signed by the page 2 should be detached	þ	23b. Was decedent pregnant in the past 12 months? 1	CLive birth 2 Fetal Pregnant at time of de Unknown	I death 3 □ Ectopic pregnancy eath 5 □ Other (specify)	en in Part I. 23e. Did 1 [24a. We aut per	Month Day Year I tobacco use contribute to the cause of death?] Yes 2 □ No 3 □ Probably 4 □ Onknown
	10	Be Completed by	23b. Was decedent pregnant in the past 12 months? 1 Yes 2 No 9 Unknown Part II. Dthar significant conditions contribut Lung Cancer Atvi & Frbi Hunner	Dive birth 2 Fetal Pregnant at time of de Unknown ling to death but not resu	I death 3 Sctopic pregnancy 5 Other (specify) Ulting in the underlying cause give	en in Part I. 23e. Did 1	Month Day Year I tobacco use contribute to the cause of death? Yes 2 No 3 Probably 4 Onknown Is an opsy formed? 2 No 1 Yes 2 No Year
Vita	10	To Be Completed by	23b. Was decedent pregnant in the past 12 months? 1	Com	I death 3 Sctopic pregnancy seath 5 Other (specify) Ulting in the underlying cause give	en in Part I. 23e. Did 1	Month Day Year I tobacco use contribute to the cause of death? Yes 2 No 3 Probably 4 Onknown Is an opsy formed? 2 No 1 Yes 2 No Yone) Sidence 6 Other (Specify)
Vita	10	To Be Completed by	23b. Was decedent pregnant in the past 12 months? 1	Dive birth 2 Fetal Pregnant at time of de Unknown ling to death but not resu	death 3 Ectopic pregnancy	en in Part I. 23e. Did 1	Month Day Year I tobacco use contribute to the cause of death? Yes 2 No 3 Probably 4 Onknown Is an opsy formed? 2 No 1 Yes 2 No Year
Vita	10	To Be Completed by	23b. Was decedent pregnant in the past 12 months? 1	Comical aliance of Injury (Month, Day Year)	death 3 Ectopic pregnancy	en in Part I. 23e. Did 1 [24a. We aut per 1 Yes 26. Place of Death (Check only er: 4 Nursing Home 5 Re (at (at (27) Yes 2 No 28f. Location	Month Day Year I tobacco use contribute to the cause of death? Yes 2 No 3 Probably 4 Onknown Is an opsy formed? 2 No 1 Yes 2 No Yone) Sidence 6 Other (Specify)
ivision of Vital	or Attanding Physician: ifter death. Director: After this certifics in by the funeral director.	Certification: To Be Completed by	23b. Was decedent pregnant in the past 12 months? 1	DLive birth 2 Fetal Pregnant at time of de Unknown ling to death but not resulting to death but not r	death 3 Ectopic pregnancy	en in Part I. 23e. Did 1 [24a. We aut per 1 Yes 26. Place of Death (Check only) 87: 4 Nursing Home 5 Re y at (7) Yes 2 No 28f. Location City or T	Month Day Year I tobacco use contribute to the cause of death? Yes 2 No 3 Probably 4 Onknown Is an opsy formed? 2 No 1 Yes 2 No rone) Sidence 6 Other (Specify) The how injury occurred (Street and Number or Rural Route Number, own, State)
ivision of Vital	or Attanding Physician: ifter death. Director: After this certifics in by the funeral director.	Certification: To Be Completed by	23b. Was decedent pregnant in the past 12 months? 1	Comical a: 1 Inpatient 2 Fetal a: 2 Date of Injury (Month, Day Year) b: To the best of my known	death 3 Ectopic pregnancy	en in Part I. 23e. Did 24a. We aut per 1 \subseteq 86. Place of Death (Check only 87: 4 \subseteq Nursing Home 5 \subseteq Re y at x? Yes 2 \subseteq No 28f. Location City or T.	Month Day Year I tobacco use contribute to the cause of death? Yes 2 No 3 Probably 4 Onknown Is an opsy formed? 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 One) Sidence 6 Other (Specify) How injury occurred (Street and Number or Rural Route Number,
३ ५० Division of Vita	ttanding Physician: death. ctor: After this certifics y the funeral director.	To Be Completed by	23b. Was decedent pregnant in the past 12 months? 1	Clive birth 2 Fetal Pregnant at time of de Unknown Ling to death but not resulting to death but not not not not not not not not not no	death 3 Ectopic pregnancy	en in Part I. 23e. Did 24a. We aut per 1 Yes 26. Place of Death (Check only er: 4 Nursing Home 5 Re y at x? Yes 2 No 28f. Location City or T ne, date and place, and due to the pinion, death occurred at the time	Month Day Year I tobacco use contribute to the cause of death? I Yes 2 No 3 Probably 4 Onknown Is an opsy formed? 2 No 1 Yes 2 No 24b. Were autopsy findings available prior to completion of cause of death? 1 Yes 2 No r one) sidence 6 Other (Specify) how injury occurred (Street and Number or Rural Route Number, own, State)
३ ५७ Division of Vita	or Attanding Physician: ifter death. Director: After this certifics in by the funeral director.	edical Certification: To Be Completed by	23b. Was decedent pregnant in the past 12 months? 1 Yes 2 No 9 Unknown Part II. Dthar significant conditions contribut Lung (ance) Atri II. Dthar significant conditions contribut Lung (ance) 25. Was case referr to medical examiner? 1 Yes 2 No Hospital examiner? 27. Manner of Death 1 Natural 5 Pending investigation 2 Accident 3 Suicide 4 Homicide 4 Homicide 28 4 Homicide 28 4 Homicide 29 Medical Examiner: 0 20 20 20 20 20 20 20	Clive birth 2 Fetal Pregnant at time of de Unknown Ling to death but not resulting to death but not not not not not not not not not no	SER/Outpatient 3 DOA Other (specify) SER/OUTPATIENT SER	en in Part I. 23e. Did 24a. We aut per 1 Yes 26. Place of Death (Check only er: 4 Nursing Home 5 Re y at x? Yes 2 No 28f. Location City or T ne, date and place, and due to the pinion, death occurred at the time	Month Day Year I tobacco use contribute to the cause of death? Yes 2 No 3 Probably 4 Onknown Is an opsy formed? 2 No 1 Yes 2 No Yone) Sidence 6 Other (Specify) The how injury occurred (Street and Number or Rural Route Number, own, State) The cause(s) and manner as stated. To death of the cause(s)
३ ५७ Division of Vita	To the Hospital or Attending Physician: within 24 hours atter death. To the Funeral Director: After this certifical completely filled in by the funeral director.	Medical Certification: To Be Completed by	23b. Was decedent pregnant in the past 12 months? 1 Yes 2 No 9 Unknown Part II. Dthar significant conditions contribut Lung (ance) Atri II. Dthar significant conditions contribut Lung (ance) 25. Was case referr to medical examiner? 1 Yes 2 No Hospital examiner? 27. Manner of Death 1 Natural 5 Pending investigation 2 Accident 3 Suicide 4 Homicide 4 Homicide 28 4 Homicide 28 4 Homicide 29 Medical Examiner: 0 20 20 20 20 20 20 20	Dive birth 2 Fetal Pregnant at time of de Unknown ling to death but not resulting to death death of Injury (Month, Day Year) e. Place of Injury - At hobuilding, etc. (Specify the basis of examinating manner stated.	ER/Outpatient 3 DOA Other (specify) ER/Outpatient 3 DOA Other (specify) 28b. Time of Injury Month of Injury	en in Part I. 23e. Did 24a. We aut per 1 Yes 26. Place of Death (Check only er: 4 Nursing Home 5 Re y at x? Yes 2 No 28f. Location City or T ne, date and place, and due to the pinion, death occurred at the time	Month Day Year I tobacco use contribute to the cause of death? Yes 2 No 3 Probably 4 Onknown Is an opsy formed? 2 No 1 Yes 2 No Yone) Sidence 6 Other (Specify) The how injury occurred (Street and Number or Rural Route Number, own, State) The cause(s) and manner as stated. To death of the cause(s)

CORIGINAL

		1 - For Stata Ragistrar	State o	f Marylan		artmen tificate			and Me		giene Reg. No.	006	310	23
Dhusis	ian	1. Decedent's Name (First, Middle, La	st)							Date of Dea	Day	Year	3. Time of	Death
Physic /Med		Katherine May Sh	maker_							eptemb	er 18	3, 2006		Рм
Exami	ner	4a. Facility Name (If not institution, give		nber)				Location o	f Death			ounty of Deal	th	
		Goodwill Mennoni 5. Social Security Number 6.5		7. Age (In yrs.	last hirthday)	Grant	SV1.		24 Hrs o	Date of Birt		rett	theless /Ctots o	. Comina
Funeral Director					6 Yrs.	Months	Days	Hours	Min.	Month Da	Year)		thplace (State o	roleign
		Usual Residence of Decedent							4 C	D. 12	, 1520	Mar	yland	
yland		10a. State 10b. County		10c. Cit	y, Town or Lo	cation							10d. Inside Ci	
e-f	ctor	MD Garrett		Grai	ntsvill	Le							1 K Yes	2 🗆 No
deeth with the Maryland me 23e or 28e-f ehow	Director	10e. Street and Number				10f. Zip	Code				10g. Citize	on of What Co	ountry?	
eth w	rai	156 Main St.					536				USA			
er de item	Funerai	11. Marital Status	12. Was Dece Armed Fo		.S. 13.	Nas Deced f Yes, spec	lent of His rify Cubar	spanic Orig n, Mexican	gin? (Specif i, Puerto Ric	y Yes or No an, etc.)	- 14	I. Race - Ame Black, Whit		
rs aft	by F	1 ☐ Never Married 2 ☐ Married 3 ☐ Wildowed 4 ☐ Divorced	If Yes, Giv	/e		1 ☐ Yes 2	2X No	Specify:			S	ipecify: Wh	nite	٠
13-UU30 72 hours after deeth with the Marylan "naturel", or items 23s or 28s-f show idical Exeminar must be notified at		15. Decedent's E	ducation		16a. Deced	dent's Usua	I Occupa	ation			16b. Kind	d of Business		
Pin 7	Completed	(Specify only highest grant (0-12)	College (1	-4or 5+)	life. I	DO NOT us	nk done d se retired;	luring most)	t of working					
filed within Hygiene. Sther then "	Son	8			Homema	aker_					Own I	Iome		
be file	Be	17. Father's Name (First, Middle, Last)					18. Mother	r's Name (F	irst, Middle.	Maiden S	umame)		
Tally allo KIKI 2 should be filed within and Mental Hygiene, ie marked other than eumatic event, the Mental	2	Dennis Brenneman							Oeste:					
		19a. Informant's Name/Relationship				•						Town, State, .		
G, E		Bonnie Miller/Dau 20a. Method of Disposition	ghter	20h 8	2841 Place of Dispo			ow Ra	Date	-		ے کالایا ation - City or	1536	
Pages hent of h ont: if its		1 ⊠ Burial 2 ☐ Cremation 3		State	cemetery, crer	natory or o	ther place							
mit. Pages partment of portent: if it if it y injury or g		4 ☐ Donation 5 ☐ Other (Special Signature of Funeral Service Lice		Mr.	Nebo (nampion Home:	s, P.A.	
permit. Departrimporte any nje		1 Land	ein	al	P	.O. B	ox 2'	75, G	rants	ville,	MD	21536		
Pnysician		23a. Part ^Y . Enter the disease, or conshock, or leart failure. List only immediate Cause Final disease or condits in resulting in death)	plications that of one cause on e	aused the deat each line.	h. Do not ent	b .	e of dying		cardiac or r	espiratory a	rrest,		Approximate Interval Bette Onset and I	ween
/Medical Examiner		Tobuling in doubly	A.	(or as a consec		11.							IMON	TH
.¢	ē	Sequentially list conditions, if any, leading to immediate	U.	Or as a conseq		10			-500 -A	-01-11			1 101010	1.11
uted d ansit	E	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	ANV	ANCE	ENF	LZI	Felli	MER	2 1	isea	SC		IYea	V
cate be executed physicien and the burial-transit	Examin	resulting in death) Last	Due to	or as a conseq	juence of):									
te be e ysicien	edical		d											
law requires that the death certificate as been signed by the ettending physic should be detached for use as the 1	Med	IF FEMALE:												
or use	Physician/M	23b. Was decedent pregnant in the past 12 months?	1 ☐ Live b	come of pregna	al death 3	Ectopic pr	egnancy				23	ld. Date of de Month		rear
e dea	sici	1 ☐ Yes 2 ☒ No 9 ☐ Unknown	4□Pregr 9□ Unkn	ant at time of c	death 5	Other (sp	ecrfy)					WORK	Day	oai
hat the deby detacl		Part II. Other significant conditions	contribution to d	eath but not res	sulting in the u	nderlying c	ause dive	on in Part I		23e. Did to	obacco use	e contribute t	o the cause of d	leath?
signe d be d	d by	Osteopros	0.00	Juli 100 1101 100	and a second		acco g.va			10				Jnknown
w requires been sign should be	etec	00,000	, -							04- 146-		041-141		
has has 39 2 5	Completed									24a. Was autor perfo		prior to death?	utopsy findings a completion of ca	available ause of
n: Tr ficete ficete		OF IN-								1 ☐ Yes	2 No	1 ☐ Yes	2 No	
sicia sicia certi irecto	o Be	25. Was case referred to medical examiner? 1 ☐ Yes 2 ☑ No	Hospital:	Inpatient 2	ER/Outpatier	3 7 00	Othe	_		Check only o		☐Other (Spe		
Phy grathis	 -	27. Manner of Death		of Injury th, Day Year)	28b. Time of		8c. Injury Work		,	d. Describe			city)	
onding th.: Afte	tio	1 Natural 5 ☐ Pending 2 ☐ Accident investigation		th, Day Year)	Injury	м		(? Yes 2 □ N	No					
DIVISION OF VITAIL RECORDS, F.O. BOX OR To the Hospital or Attending Physician: The law requires that the death certifica within 24 hours efter death. To the Funaral Director: After this certificate has been signed by the ettending physician by the tuneral director, page 2 should be detached for use as t	Certification:	3 ☐ Suicide 6 ☐ Could not to determined	280. Place	of Injury - At h	ome, farm, str fy)	eet, factory	, office		281	Location (: City or To		Number or A	ural Route Num	ber.
Hospitt 24 hours Funara letely fille	edical (29a. Certifier 1 Certifying P	miner: On the b	best of my kno asis of examina ner stated.	owledge, death ation and/or in	occurred vestigation,	at the tim	ne, date and pinion, deat	d place, and th occurred	d due to the at the time,	cause(s) a date and p	nd manner as lace, and du	s stated. e to the cause(s)
within To th comp	₩.	29b. Signature and title of certifier	1	A		290	. License	number			29d. Date	signed (Mont	th, Day, Year)	
		* Xeilsuhert	Dune	6		D	005	586	55	-	9/1	9/2	606	
		30. Name and address of person who	completed caus	of death (Iter	n 23a) (Type,	Drint\				1.0				
	12	SABAHAT NAWA		2 corpo	rate	DR.	610	autsi	١١١١٩	MD:	2153	6.		
S: Regis	ate trar	31. Date filed (Month, Day, Year)	0 2006	egistrar's Signa	ature	1	283							

	Amend AA Co.	#20 . H	5 per DVR 9/14/06 ealth Dept. lo Please	Type or Prin						•		_	0.1.0.01
			1 - For State Registrar	State of Ma	aryland			of Health a of Death		fental Hy	gien Reg. No	2000	31024
	Physici	an	Decedent's Name (First, Middle, La	•						2. Date of De Month	Da	y Year	3. Time of Death
	/Medic	cal	Elizabeth Sands 4a. Facility Name (If not institution, giv				4b. City. To:	wn, or Location	of Death	Septer		3, 2006 County of Deat	
	Examin	ier	5910 Great Star	Drive #40			C1a	rksvill	Le			Howard	
h	Funeral Director		,	Sex 7. Age 1 □ M 2XX F	55	Yrs.	If Under 1 \ Months D	ear If Under ays Hours	Min.	8. Date of Bir (Month, Da March	8 19		nplace (State or Foreign untry) yland
Project	ed at	ž	10a. State 10b. County MD Howard		_	Town or Lo							10d. Inside City Limits 1 ☐ Yes 2☐No
Aedi	28a- notifi	rect	10e. Street and Number		OTO	11 K5 V 1	10f. Zip Co	ode			10g. Ci	tizen of What Co	
diw di	23a ol	a D	5910 Great Star I	Drive, #406	5		21	.029				USA	
ther deal	Department of Health and Mental Hygiane. Important: or items 23s or 28s-f ehow any injury or other traumatic event, the Madical Examiner must be multiled at once.	Funeral Director	11. Marital Status 1 XNever Married 2 Married	12. Was Decedent B Armed Forces? 1 ☐ Yes 2 ☐ X			_	t of Hispanic Ori Cuban, Mexicar		ecify Yes or No Rican, etc.)	0-	14. Race - Ame Black, White	e, etc.
	raf. o	þ	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Year or Dates:			1 □ Yes 212	No Specify:				Specify:	White
4 % ai	n "natu dedical	Completed	15. Decedent's E (Specify only highest gra	ade completed)		(Give	lent's Usual C kind of work of OO NOT use r	tone durina mos	t of work	ing	16b. h	(ind of Business/I	ndustry
ע <u>ד</u> אַ	/giane er the	Com	Elementary/Secondary (0-12)	College (1-4or 5	+)	Compu	ıter Pr	ogramme	r		Ve	rizon	
1 ii	od oth	Be	17. Father's Name (First, Middle, Last, William H. Sands)						e (First, Middle th Ogi		n Sumame)	
should should	nd Me mark imatic	2	19a. Informant's Name/Relationship (Type, Print)		19b. Mailir	g Address (S					or Town, State, Z	ip Code)
, IVIC	n 27 io ar trau		William Sands (B	rother)		1969	CR 203	, Duran	ıgo,	CO 8130	01		
2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	or oth		20a. Method of Disposition 1 ☐ Burial 2 X Cremation 3 ☐		cer	netery, cren	sition (Name natory or othe	r place)		Date		ocation - City or	
it Pa	artmer ortant injury E.		4 □ Donation 5 □ Other (Specification 21. Signature of Funeral Service Liger	**	Meti		matory	ddress of Facili	tv	-2006		timore,	MD
	imp any onc		1-12- 7.6	<i></i>			Hardes	ty Fune	ral			s, MD 21	401
1	nysician Medical xaminer		23a. Par1. Enter the disease, or com shock, or heart failure. List only Immediate Cause (Final disease or condition resulting in death)	one cause on each lin a. Due to (or as a	10°	JE!	er the mode o	A .		or respiratory a	1)I SEXE	Approximate Interval Between Onset and Death
y	and al-transit	xamlner	Sequentially list conditions, if any, leading to immediate cause. Enter Underfying Cause (Disease or injury that initiated events resulting in death) Last	cDue to (or as a									
icate be	physicler s the buri	dical	(d									
the Hospitel or Attanding Physician: The law requires that the death certificate be e	been signed by the attending physiclen should be detached for use as the buria	Physician/Medical	IF FEMALE: 23b. Was decedent pregnant in the past 12 pronths? 1 ☐ Yes 2 ☑ No 9 ☐ Unknown	23c. If yes, outcome of 1 ☐ Live birth 2 ☐ Pregnant at 9 ☐ Unknown	2 □ Fetal d	léath 3□	Ectopic pregr Other (specia					23d. Date of deli Month	very Day Year
uires that	n signed b	Ď	Part II. Other significant conditions of	contributing to death bu	ıt not result	ing in the ur	nderlying caus	e given in Part I			tobacco Yes 2		the cause of death?
la v s	has bee ge 2 shou	Completed								24a. Was	nev.	24b. Were au	opsy findings available ompletion of cause of
The	is certificate ha									perfo 1 ☐ Yes	rmed/ No	death?	2♥ No
aiciar	s certifinecto	o Be	25. Was case referred to medical examiner? 1 ✓ Yes 2 □ No	Hospital: 1 ☐ Inpatier	nt 2 🗆 EI	R/Outpatien	t 3 DOA	Other	of Death	h (Check dnly		a []Other (0	4.1
, a	ter this		27. Manner of Death 1 ☑ Natural 5 ☐ Pending	28a. Date of Injur (Month, Day		8b. Time of Injury		Injury at Work?		28d. Describe		6 □Other (Spec ry occurred	iry)
ttandir	tor: Al	catic	2 Accident investigation 3 Suicide 6 Could not b	n			М	1 Yes 2 🗆		00/1	·		
tel or A	within 24 hours after death. To the Funeral Diractor: After th completely filled in by the funeral	Certification:	4 Homicide determined		iry - At nom :. (Specify)	ie, farm, stre	eet, factory, of	tice		City or To	Street al wn, State	nd Number or Ru e)	ral Route Number,
de Hosp	24 hou	Medical	29a. Certifier 1 Certifying Ph (Check only 2 Medical Exar	nysician: To the best on miner: On the basis of and manner state	examinatio	ledge, death on and/or inv	occurred at t estigation, in	he time, date an my opinion, dea	id place, ith occurr	and due to the red at the time,	cause(s date an) and manner as d place, and due	stated. to the cause(s)
To th	To the comp	Me	29b. Signature and title of certifier But Mn	trypo)		29c. Li	cense number.	7		29d. Da	ite signed (Month	Day, Year)
0			30. Name and address of person who	completed cause of de	eath (Item 2	23a) (Type, 1	Print)	10 Ph	int-	Fine	MITT	CINN	D 21N2
	Sta		31. Date filed (Montage Year)	2006 32 egistra	r's Signatu	E A	OF LA	1115/-/()	VU	CLIC	UI' (11/11	UNIVE
	Registr	ar					MI						

31025 State of Maryland / Department of Health and Mental Hygien 205 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death September 12 2006 8:05PM

Physician .

1 - State Registrar

	/Medic	al	Claude wood Seay						JUO O:OJEM
	Examin	er	4a. Facility Name (If not institution, give street and num		4b. City, Town, o	or Location of Death	4	c. County of Deat	n
		- NB	Charles County Nursir			LaPlata		Charles	3
3	Funeral			7. Age (In yrs. last birt	Months Days		Date of Birth (Month, Day, Yea	9. Birt Co	hplace (State or Foreign untry)
	Director		226-14-0148 TX 20F	89	rs.		ober 17,	1916	Virginia
Ð			Usual Residence of Decedent						
ylan	WO II		10a. State 10b. County	10c. City, Towr	or Location				10d. Inside City Limits
Mar	문목	Ş	MD Charles	I.a P	lata (1 ☐ Yes 2 XNo
the	288	ē	10e. Street and Number		10f. Zip Code		10g. C	itizen of What Co	untry?
death with the Maryland	9 9	Funeral Director	9060 Darley Drive		206	1/16		USA	
eath	8 23	era		dent Ever in U.S.			fy Yes or No-	14. Race - Ame	rican Indian
	Te de	Š	Armed Fo	rces?	If Yes, specify Cub	Hispanic Origin? (Speci an, Mexican, Puerto Ri	can, etc.)	Black, White	
s aft	5	by F	1 Never Married 2 Marned 1 Yes If Yes, Giv Year or Di	е	1 ☐ Yes 2 ☐ X lo	Specify:		Specify: W	hite
3 5	a a							16.1.15	7-4
within 72 hours after	ital Hygiene. Id other then "natural", or Itema 23a or 28a-f show event, it a Medical Exectine frust be notified at	Completed	15. Decedent's Education (Specify only highest grade completed)	16a.	Decedent's Usual Occu (Give kind of work done	during most of working		Kind of Business/	industry
N iệ	. Per .	dr.	Elementary/Secondary (0-12) College (1		`life. DO NOT use retire	14)	_		~
y &	gie l	S	12		Manager	1			Company
d be file	t oth	Be	17. Father's Name (First, Middle, Last)			18. Mother's Name (n Sumame)	
6 8	and Mental Hygiene. Is marked other then "raumatic event, the Mark	얼	Eugene Seay			Elvira	Wood		
sho is	DU P	-	19a. Informant's Name/Relationship (Type, Print)		Mailing Address (Stree	t and Number or Rural I	Route Number, City	or Town, State, 2	Zip Code)
Z 50	ith a 27 is r tra		Mary Ann Wade/Daugh	ter P.	0. Box 36	6 Port To	obacco,M	ID 2067	7
ָבָּ פֿ	t of Health and Men If item 27 is marke or other traumatic		20a. Method of Disposition	20b. Place of	Disposition (Name of	Da	te 20c.	Location - City or	Town, State
Ses Ses	or ci		W Burial 2 ☐ Cremation 3 ☐ Removal from		y, crematory or other pla d Methodi		/10/06 T	5 D1 a+	o MD
<u> </u>	rtant rjur,		4 Donation 5 Other (Specify)	400945					
Sattimor sermit. Pages	Department of Important: If ite any injury or of once.		10 5/6		AREHART-	ECHOLS FU	JNERAL H	IOME, P.A	Α.
<u>а</u>			23a. Part1. Enter the disease, or complications that of		211 St.	Mary's Av	re. La F	lata,M	20646
	T		23a. Part1. Enter the disease, or complications that c shock, or heart failure. List only one cause on e	aused the death. Do r ach line.	not enter the mode of dy	ing, such as cardiac or	respiratory arrest,		HIGHANI DALMOOH
Ph	ysician		Immediate Cause (Final	100	Canc	00			Onset and Death
	Medical		disease or condition resulting in death)	or as a consequence				-	
E	kaminer			Ü					
		-G	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	or as a consequence	of):				
pe	ısıt	듣	cause. Enter Underlying Cause (Diseese or injury		,				
noe	and I-trar	Examiner	that initiated events c.	or as a consequence of	of)·				
j ŝ	cian		300.0		.,.			1000	
Ords, P.O. BOX 68/60, requires that the death certificate be executed	attending physician and for use as the burial-transit	Physiclan/Medical	d						
	ing p	Mec	IF FEMALE:						
DOX	r us	an/	23b. Was decedent pregnant 23c. If yes, out	come of pregnancy inth 2 Fetal death	3 Ectopic pregnand	ev .		23d. Date of del Month	ivery Day Year
dea .	by the attendir lached for use	icl	1 Yes 2 No	ant at time of death	5 Other (specify)			MOIIII	Day 19a1
; g	by the	h	9 ☐ Unknown		177				
stha	peu e de	by P	Part II. Other significant conditions contributing to de	eath but not resulting in	the underlying cause gi	ven in Part I.	23e. Did tobacco	use contribute to	the cause of death?
	n sig ald blu						1 🗀 Yes	2□No 3□Pr	obably 4 Unknown
Hecords,		Completed					24a. Was an	24h Were au	itonsy findings available
Hec e law	has 3e 2	ద					autopsy performed?	prior to death?	stopsy findings available completion of cause of
	cate pag	ပိ					1□ Yes 2□		2 No
OT VITAL	s certificate has t irector, page 2 s	Be	25. Was case referred to medical examiner?			26. Place of Death			
	his c	မ		npatient 2 ER/Ou	tpatient 3 DUA		e 5 🗆 Residence		cify)
⊂ §	fter t	ü	27. Manner of Death 1 Natural 5 □ Pending (Mon		ime of 28c. Injury Wo	ork?	ld. Describe how in	ury occurred	
g 0	or: A	atle	2 Accident investigation		M 1	Yes 2□No			
DIVISION I or Attending	ecto by th	if	3 ☐ Suicide 6 ☐ Could not be determined 28e. Place buildi	of Injury · At home, fa ng, etc. (Specify)	rm, street, factory, office	28	If. Location (Street City or Town, Sta		ural Route Number,
5 🖁	of Dig	Certification:	35.15	ng, oto. (opcony)			o., o	,	
splt	nere nere		29a. Certifier 12 Certifying Physician: To the	best of my knowledge	, death occurred at the t	ime, date and place, an	id due to the cause	(s) and manner as	s stated.
H S	within 24 hours after death. To the Funerel Director; After this certific completely filled in by the funeral director.	edical	(Check only 2 Medical Examiner: On the bone)	asis of examination and ner stated.	d/or investigation, in my	opinion, death occurred	d at the time, date a	nd place, and due	to the cause(s)
o th	omp	Me	29b. Signature and title of certifier		29c. Licen	se number	29d. [ate signed (Mont	h, Day, Year)
· Pro-	5 F 0) I (h) 1 1 m	- MI)	106	55455	9	1,21	^/
			1:190	o of door to the		12 130		11010	16
NE	24		30. Name and address of person who completed cause Fatima Hussein, M.D.	5625 A11	entown Rd	. Suite 1	.01.Camp	Spring	gs,MD
XI	00			4			- ,p	- I6	, , –
	Sta Registr		CED 1 5 2009	Signature &	Specific				
京學議	negisti	वा	SEP 1 5 2008	THE STATE OF THE S	1				

			1 - For State Registrar	State of Maryland		rtment of Hea tificate of De		ntal Hygiei Reg.	ZUUb	31026
	Physici		Decedent's Name (First, Middle, Last) Dae Bum	Shin			2.		Day Year	3. Time of Death
	/Medic Examin Funeral Director		4a. Facility Name (If not institution, give s Caastal Hospice At 5. Social Security Number 6. Sex 217-63-1450	the Lake	ast birthday). Yrs.	If Under 1 Year If	Ur J Under 24 Hrs. 8		4c. County of Dea	th
	υ		Usual Residence of Decedent 10a, State 10b, County		Town or Loc	cation				10d. Inside City Limits
	Maryla a-f sho	tor	Maryland Wicomic	o Sal	isbury	Y				1 ☐ Yes 2 No
	th with the 23a or 28	ai Director	10e. Street and Number 26811 Gunners Circ	cle		10f. Zip Code 21801		10g.	Citizen of What Co Korea	ountry?
036	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: if Itam 27 is marked other than "natural", or Itams 23e or 28e-f show any injury or other traumatic svent, the Medical Examinar most be notified at anone.	by Funeral	11. Marital Status 1 Never Married 2 XMarried 3 Widowed 4 Divorced	2. Was Decedent Ever in U.S Armed Forces? 1 _Yes _Z No If Yes, Give Year or Dates:	11	Vas Decedent of Hispa Yes, specify Cuban, I Yes 2 2 No 5	anic Origin? (Specif Mexican, Puerto Ric Specify:	y Yes or No- an, etc.)	14. Race - Ame Black, Whit	
5-0	"natur	ieted	15. Decedent's Educ (Specify only highest grade		16a. Deced	ent's Usual Occupatio kind of work done duri OO NOT use retired)	n ing most of working	166	. Kind of Business	/Industry
21215-0036	giene. er then	Completed by	Elementary/Secondary (0-12)	College (1-4or 5+) 4		ld Manager			Cons	truction
and	d be filk ental Hy ced oth c sveni	Be	17. Father's Name (First, Middle, Last) Bo Sung Sh	in		18	B. Mother's Name (F Heong		den Surname)	
Maryland	nd 2 shoul alth and Me 27 Is marl r traumatl	To	19a. Informant's Name/Relationship (Type Young Bun Shin/			g Address (Street and 11 Gunners				
Baltimore,	Pages 1 a ment of Hes ant: If Itam ury or othe		20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐ Ro 4 ☐ Donation 5 ☐ Other (Specify)	emoval from State	metery, cren	sition (Name of natory or other place) Crematory	Date 9/13/0	46	Location - City or alisbury	
Balt	permit. Departr Importa		21. Signature of Funeral Service License	es (FSP	22	HÖllöway F 501 Snow H	uneral Ho ill Rd.,	me Profe Salisbur	essional Ty, MD 21	Association 804
	Physician	-	23a. Part 1. Enter the disease, or complications, or hear failure. List only on Immediate Cause (Final disease or condition	cations that caused the death e cause on each line.	. Do not ente	or the mode of dying, s				Approximate Interval Between Onset and Death
	/Medical Examiner		resulting in death)	Due to (or as a consequ	ence of):	O				
	bed isit	niner	Sequentially list conditions if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	Due lo (or as a consequ	ence of):					
,8760,	ficate be executed physician and s the burial-transit	dical Examiner	that initiated events resulting in death) Last	Due to (or as a consequ	ence of):					
9	ntificate ng phy: s as the	Φ	IF FEMALE:							
.O. Box	that the death certific ed by the attending p detached for use as	Physician/M	23b. Was decedent pregnant in the past 12 months? 1 Yes 2 No 9 Unknown	3c. If yes, outcome of pregnar 1 □ Live birth 2 □ Fetal 4 □ Pregnant at time of de 9 □ Unknown	death 3	Ectopic pregnancy Other (specify)			23d. Date of de Month	blivery Day Year
٩	sign d be	þ	Part II. Other significant conditions con	tributing to death but not resu	Iting in the un	nderlying cause given i	in Part I.	23e. Did tobac		o the cause of death?
al Records,		Completed						24a. Was an autopsy performed 1 ☐ Yes 2 ☐	prior to death?	utopsy findings available completion of cause of s 2
Vital	Physiclan: The this certificate al director, page	o Be	25. Was case referred to medical examiner?	lospital: Inpatient 2 🗆 8	ER/Outpatien	Other	6. Place of Death (€		a 6 □Other (Sne	acifu)
ion of	After After funer	Η.	27. Manner of Death 1 Natural 5 Pending 2 Accident investigation	1 /	28b. Time of Injury	28c. Injury at Work?		d. Describe how i		33.14)
Division	a a a a a a	Certification:	3 Suicide 6 Could not be determined	28e. Ptace of Injury - At hor building, etc. (Specify	me, larm, str	eet, lactory, office	28	Location (Stree City or Town, S		Rural Route Number,
	To the Hospital or Attant within 24 hours after deatl To the Funeral Director: completely filled in by the	Medical C	29a. Certifier Certifying Phys (Check only one) 2 Medical Examir	sician: To the best of my knowner: On the basis of examination and manner stated.	wledge, death ion and/or inv	n occurred at the time, vestigation, in my opini	date and place, and ion, death occurred	d due to the caus at the time, date	e(s) and manner a and place, and du	s stated. e to the cause(s)
	V Within Comp	Ž	29b Signature and title of certifier	(1) M		29c. License n	umber 6278	29d.	Pate signed (Mon	ith, Day, Year)
(For		30. Name and address of person who co	mpleted cause of death (Item	23a) (Type,	Print)	× 1733	50/15	4.m	21802
₹ %	Sta Registi		31. Date filed (Month Day, Year) 200	32 degistrar's Signat	ure do	ants)				

			For Stete Registrar	State of M	•	•	of Health and of Death	Mental Hygier	21116	31027
	Physici	20	1. Decedent's Name (First, Middle, L	ast)				2. Date of Death Month	ay Year	3. Time of Death
	/Medic	al	Ida Inger Elisa 4a. Facility Name (If not institution, gr			4b Ciby To	own, or Location of Dea	0.01.000	14 200 6 tc. County of Deat	15:18 PM
	Examin	er	Washington Cou				gerstown		Washin	
	Funeral		5. Social Security Number 6.	Sex 7. A	ge (In yrs. last birtho	ay) If Under 1			9 Rid	nplace (State or Foreign untry) Faxe
	Director		215-14-1428	1□M 2XF	84 Yrs		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Aug. 1 19	22 Dem	mark
	land ow		Usual Residence of Decedent 10a. State 10b. County		10c. City, Town o	r Location				10d. Inside City Limits
	Many Many	tor	Maryland Washi	ngton	Hage	rstown				M∑Yes 2 No
	ath with the Marylar s 23e or 28e-f ehow	Director	10e. Street and Number			10f. Zip C	ode	10g. (Citizen of What Co	untry?
	s 23e	erai	244 Sunbrook Lai	ne 12. Was Decedent	t Ever in U.S.	3 Was Decoder	21742	Specify Ves or No-	USA 14. Race - Ame	rican Indian
	or Item	Funeral	11. Marital Status 1 ☐ Never Married 2 ☐ Married	Armed Forces	? No		nt of Hispanic Origin? (y Cuban, Mexican, Pue	rto Rican, etc.)	Black, White	
5-0036	within 72 hours atter death with the Maryland ene. Than "natural", or Items 23e or 28e-f ehow he Maulical Exertiner must be molified at	þ	3 ₩ Widowed 4 Divorced	If Yes, Give Year or Dates:			☑ No Specify:		Specify:	White
<u>.</u>	72 hours "natural",	lete	15. Decedent's (Specify only highest g	Education rade completed)	(0	ecedent's Usual (live kind of work e. DO NOT use	done during most of w		Kind of Business/	ndustry
2121	l within	Completed	Elementary/Secondary (0-12)	College (1-4or	5+)	nk Tell	,		Bank	
פ	be filed within 72 hours after de ital Hygiene. Id other than "natural", or Itemi event, the Madical Examinat.	Be C	17. Father's Name (First, Middle, Las	st)			18. Mother's Na	ame (First, Middle, Maid	en Sumame)	
Maryland	2 should be and Mental lie marked o	L _O	Charles Leroy Sl		10h M	nilina Address (6		Louisa Ols		in Codel
<u>ā</u>	and 2 st ealth and m 27 ie n		19a. Informant's Name/Relationship Timothy_Tewalt -							
ē,	s 1 and Heal		20a. Method of Disposition	-	20b. Place of D	sposition (Name crematory or other	of	Date Town.	Location - City or	Town, State
altimore,	Pages nent of ant: If it ary or o		1 ☐ Burial 2 🕅 Cremation 3 4 ☐ Donation 5 ☐ Other (Spec		9	-	ı	8/06 Ha	erstown.	Maryland
alt	permit. Pages 1 and 2 should Department of Health and Men Important: If Item 27 ie marke eny injury or other traumatic. <u>once.</u>		21. Signal or an Funeral Service Lic	ensee MM		1	Address of Facility	Minnich Fu		
	40 = 6 4		23a. Part 1. Enter the disease, or co	molications that cause	ed the death. Do not			d., Hagerst	own, Md.	Approximate ·
H	Dhysisian		shock, or heart failure. List on Immediate Cause (Final	ly one cause on each	line.				-	Interval Between Onset and Death
	Physician /Medical		disease or condition resulting in death)		s a consequence of)	vo vo	allan c	rccident		24 has.
	Examiner		Sequentially list conditions	b						*
	led sit	nine	Sequentially list conditions if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	Due to (or a	s a consequence of)					
,	execuin end ial-tra	Examiner	that initiated events resulting in death) Last	c. Due to (or a	s a consequence of)				-	Υ
1760,	ate be executed thysicien end the burial-transit	Ical		d						
89 ×	h certifica anding ph use as th	Med	IF FEMALE:	22a Musa sutsam	a of erappoon		-			
Вох	eath certif attending for use as	Physician/Med	23b. Was decedent pregnant in the past 12 months?		2 Fetal death at time of death	3 ☐ Ectopic preg			23d. Date of del Month	very Day Year
<u>о</u> .	t the d by the ached	hysi	1 ☐ Yes 2 ☐ No 9 ☐ Unknown	9☐ Unknown						
Division of Vital Records, F	Attanding Physician: The law requires that the death certificate be executed refath. refath. sctor: Atter this certificate has been signed by the attending physicien end by the funeral director, page 2 should be detached for use as the burial-transit	Ď	Part II. Other significant conditions	contributing to death	but not resulting in the	ne underlying cau	use given in Part I.	23e. Did tobacc		the cause of death?
900	e law requir has been si je 2 should	Completed						24a. Was an autopsy	24b. Were au	topsy findings available
<u> </u>	: The cate h	Соп						performed 1 ☐ Yes 2√2		2 No
Vita	sician certifii rector	Be	25. Was case referred to medical examiner?	Hospital:			Othos	eath (Check only one)	a Flour (2	
ō	g Physer this eral di	n: To	1 ☐ Yes 2 🕅 No 27. Manner of Death	28a. Date of In	jury 28b. Tin		c. Injury at Work?	Home 5 ☐ Residence 28d. Describe how in		ciry)
Sion	auth. or: Aft	atio	1 Natural 5 ☐ Pending 2 ☐ Accident investigat	ion	Jay Year) Inju	М	1 Yes 2 No			
ĬŽ	or Att	Certification:	3 Suicide 6 Could not 4 Homicide determine	ad 286. Place of It	njury - At home, larm etc. (Specify)	, street, factory,	office	28l. Location (Street City or Town, St	and Number or Ru ate)	ural Route Number,
_	spitel		29a. Certifier Certifying	Physician: To the bes	st of my knowledge, o	leath occurred at	t the time, date and pla	ce, and due to the cause	(s) and manner as	stated.
	To the Hospitel or Attending Physician: The within 24 hours after death. To the Funeral Director: After this certificate ha completely filled in by the funeral director, page	Medical	(Check only 2 Medical Ex	aminer: On the basis and manner s	of examination and/ostated.	or investigation, in	n my opinion, death oc	curred at the time, date	and place, and due	to the cause(s)
	To with	2	29b. Signature and title of certifier Moun for	g suap	•	29c.	28365	29d.	Date signed (Mont) $9 - 15 - 00$	h, Day, Year)
	73		30. Name and address of person when the same of the sa	no completed dayse of	death (Item 23a) (Ty	Steel -	Hagester	ce, and due to the cause curred at the time, date:	2 1740	
	Sta Regist		31. Date liled (Merlin; Day; Vear) SEP 19	2006 32. Figis	etrar's Signature	Spelle				

State of Maryland / Department of Health and Mental Hygien 👂 🛭 🗍 💍 For State Registrer Certificate of Death 2. Date of Death 1. Decedent's Name (First, Middle, Last) 3. Time of Death Month Day Vear **Physician** SEPTEMBER 16TH, 2006 18:45 Trevorrow Donald Ewing /Medical 4a. Fecility Name (If not institution, give street and number) 4c. County of Death 4b. City. Town, or Location of Death Examiner ALLEGANY MEMORIAL HOSPITAL CUMBERLAND If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) 7. Age (In yrs. last birthday) 5 Social Security Number Funeral Months 1 X M 2 □ F Director Jan. 22, 1924 Pennsylvania 235-20-8107 Usual Residence of Decedent Maryland 10c. City, Town or Location 10d. Inside City Limits 10a. State 10b. County 28a-f show 2 should be filed within 72 hours efter death with the Maryla and Mental Hygiene and Mental Hygiene is in marked other then "natural", or Items 23e or 28e-f ehow eurnatic event, the Medical Examiner must be notified as 1 ☐Xes 2 ☐ No Director Garrett Kitzmiller MD 10e. Street and Number 10g. Citizen of What Country? 10f. Zio Code 252 E. Main Street United States 21538 Funerai 12. Was Decedent Ever in U.S. Armed Forces? 1 ∰Yes 2 □ No If Yes, Give Year or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11. Marital Status 1 Never Married 2 Married Baltimore, Maryland 21215-0036 1 ☐ Yes 2 No Specify: 2 Specify: 3 Widowed 4 Divorced White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Electrical Engineer Engineering 18. Mother's Name (First, Middle, Maiden Sumame) 17. Father's Name (First, Middle, Last) Be Hartman Trevorrow Margaret Lynn 0 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Pages 1 and 2 s ment of Health an ent: If Item 27 is i ury or other treus 5620 Lasalle Lane, Sykesville, MD Nancy Dudash 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 20a. Method of Disposition 1 ☐ Burial 2 Cremation 3 ☐ Removal from State permit. Page Department of importent: If any injury or once. Cumberland Crematory 9/19/06 4 Donation 5 Other (Specify) Cumberland, MD 22. Name and Address of Facility Burdock-Durst Funeral Home 21. Signature of Funeral Service Licensee Katrerise 21 N. Second St., Oakland, MD 21550 Sweiter 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final CONGESTIVE HEART FAILURE Physician disease or condition resulting in death) /Medical Due to (or as a consequence of): **Examiner** UNKNOWN AORTIC STENOSIS Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): Examiner attending physicien and for use as the burial-transit Hospitel or Attending Physicien: The law requires that the death certificate be executed Due to (or as a consequence of): Box 68760, Physician/Medical IF FFMALE 23c. If yes, outcome of pregnancy 1 ☐ Live birth 2 ☐ Fetal death 23d. Date of delivery 23b. Was decedent pregnant 3 DEctopic pregnancy in the past 12 months? 1 ☐ Yes 2 ☐ No Month Dav Year 5 Other (specify) 4☐Pregnant at time of death P.O. ha δ 23e. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Division of Vital Records, Be Completed by pe 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown is certificate has been si director, page 2 should 24b. Were autopsy findings available prior to completion of cause of death?
1 ☐ Yes 2 ☐ No 24a. Was an autopsy performed? 25. Was case referred to medical 26. Place of Death (Check only one) Hospital XIX Inpatient 2 EP/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 ☐ Yes XX No his After this funeral d 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 27. Manner of Death 28d. Describe how injury occurred 28b. Time of XX Natural 5 Pending after death. 1 Tes 2 No investigation 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) filled in by 4 Homicide 24 hours a Certifying Physicien: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29a. Certifier Medical completely (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) To the I within 2. To the F and manner 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) D 52 Mun Jann MM SEPTEMBER 16TH, 2006 10 +1 VA 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) LAMM, WILLIAM D., M.D., 900 SETON DRIVE, CUMBERLAND, MD 21502

DHMH 17 Rev 1/2001

Registrar

31. Date filed (Month, Day, Year) SEP 1

1 9 2006

32. Registrar's Signature

Partie Contract

			For State	State of M	aryland	/ Depa	rtment of	Health and	Mental Hy	giene (106	31029
			Registrar	- 41		Cer	tificate of	Death	2. Date of Dea	Reg. No.		2 First of Break
	Physici	an	1. Decedent's Name (First, Middle, Las						Month	Day .	Year	3. Time of Death
	/Medio		Francis Bernard 4a. Facility Name (If not institution, give)		4b City Town	or Location of Dea	Septemb		nty of Death	9
	Examir	er	Milliota Med	im / Ce	ente	2	107	Plata	·· ,	()	nor1	PS
	Funeral		5. Social Security Number 6. S		ge (In yrs. la	st birthday)	If Under 1 Year		s. 8. Date of Birth	h Vear	9. Birth	hplace (State or Foreign
	Director		220-16-9158	□X M 2□F	80	Yrs.	Months Days	s Hours Mir	8. Date of Birtle (Month, Day Oct. 8,	1925	Mary	land
_	pu .		Usual Residence of Decedent 10a, State 10b. County		10c City	Town or Lo	cation					10d. Inside City Limits
å	faryla sho	5										1 ☐ Yes 2X No
لسكسا	the N	Director	Maryland Charles 10e. Street and Number	<u>S</u>	W	aldor	10f. Zip Code			10g. Citizen	of What Co	untry?
$i \cap$	With With	0	2813 Pinewood Dr	ivo				0601				
70.00S 15-0036	within 72 hours after death with the Maryland ene. than "natural", or iteme 23a or 28a-f show the Medical Esacifret rival be notilized at	Funeral	11. Marital Status	12. Was Decedent	Ever in U.S	i. 13. y	Vas Decedent of	Hispanic Origin?	(Specify Yes or No-			rican Indian,
\geq	after or Ite	Ē	1 Never Married 2 Married	Armed Forces' 1 [X]Yes 2 ☐ If Yes, Give		1	Yes, specify Cul	ban, Mexican, Pue Specify:	erto Hican, etc.)		Black, White	white
≥ 88	erai',	d by	3 ☐ Widowed 4 💢 Divorced	Year or Dates:			163 2LANC	эрвспу.		Spe	ocify:	WILLE
(5) F	natu	Completed	15. Decedent's Ed (Specify only highest gra	ducation de completed)		16a. Deced	ent's Usual Occu	upation e during most of w ed)	rorking	16b. Kind o	f Business/l	ndustry
7 2	within then then	шp	Elementary/Secondary (0-12)	College (1-4or	5+)		er/Opera			Cat	terer	
42	Hygi ther nt, 1		17. Father's Name (First, Middle, Last))		OWITE	i / opei a		ame (First, Middle,			
古山	thould be ad Mental marked of matic eve	To Be	James Oakley Tipp	oett				Gertri	ude Buckl	er		
ary C	W =	-	19a. Informant's Name/Relationship (Type, Print)		19b. Mailin	g Address (Stree	et and Number or F	Rural Route Numbe	r, City or To	wn, State, Z	'ip Code)
O N	P = N =		Cathy A. Tippett	- Daughte	r	1960 H	lolland	Cliffs R	d., Hunti	ngtown	ı, MD	20639
ore.			20a. Method of Disposition 1 Durial 2 Cremation 3 C	Domoval from State	20b. Pla	ace of Dispo	sition (Name of natory or other pla	1	Date	20c. Location		
Ĭ.	Pages ment of h ant: if its ury or of		4 Donation 5 Other (Specific		Ce	dar Hi	11 Cem	etery 9-1	16-2006	Suitla	nd, M	D
Baltimor	permit. Pages Department of Important: If i any injury or once.		21. Signature of Funeral Service Licer	MUU MUU	053	22	. Name and Addr	ress of Facility	3035 0			
	205 g		Mark 1200	noun				eral Home			dorf,	MD 20604
		٠	23a. Part1. Enter the disease, or com shock, or heart failure. List only	one cause on each I	ine.		er the mode of dy	ring, such as cardi	ac or respiratory ar	rest,		Approximate Interval Between Onset and Death
	Physician		Immediate Cause (Final disease or condition resulting in death)	. SE	751	5						30 DAYS
	/Medical Examiner		Tooling in death,	Due to (or as	a consequ	ence of):						
		er	Sequentially list conditions, if any, leading to immediate	b. — Due to (or as	a consequ	ence of):						
	ansit	Examiner	cause. Enter Underlying Cause (Disease or injury that initiated events									
Ć.	be executed siclen and burial-transit	Exa	resulting in death) Last	Due to (or as	a consequ	ence of):						
68760,	cate be executed physicien and the burial-transit	dicai	(d								
89	ntifica ng ph as th		IF FEMALE:									
Š	ath ce ttendi or use	Iclan/Me	23b. Was decedent pregnant in the past 12 months?	23c. If yes, outcome 1☐Live birth	2 Fetal	death 3	Ectopic pregnan	су		23d.	Date of deliment	very Day Year
o.	the a	sic	1 ☐ Yes 2 ☐ No 9 ☐ Unknown	4□Pregnant a 9□Unknown	it time of de	ath 5□	Other (specify)					52,
<u>a.</u>	that the od by detac	Physi	Part II. Other significant conditions of	ontributing to death I	out not resu	Iting in the ur	nderlying cause g	liven in Part I.	23e. Did to	bacco use o	ontribute to	the cause of death?
ds,	sign d be	d by		KIDNEY	-	EASE	, ,			es 2 🕱 N		obably 4 🗀 Unknown
50	w requ	lete	DIABETES	MEL	LIT	us			24a. Was	an 24	h Wara au	topsy findings available
Division of Vital Records, P.O. Box	he lay	Completed							autop perfor	sy med?	prior to c death?	completion of cause of
ta	III: T	a)	25. Was case referred to medical	MOISH				26 Place of D	1 ☐ Yes eath (Check only o	28-No	1 ∐ Yes	2000
<u> </u>	ysicia is cer direct	To B	examiner? 1 ☐ Yes 2 SaNo	Hospital:	ent 2 🗆 E	R/Outpatien	t 3□ DOA O	thor	Home 5 ☐ Resid		Other (Spec	cufv)
ō	ng Ph ter th		27. Manner of Death 1 SNatural 5 ☐ Pending	28a. Date of Inj (Month, Da		28b. Time of	28c. Inju		28d. Describe h			
io	endir eath. or: Af he fur	atic	2 Accident investigation	n]Yes 2 □No				
Ž	or Att	Certification:	3 ☐ Suicide 6 ☐ Could not be determined	200. Place of in	jury - At hor tc. (Specify)	ne, farm, str	eet, factory, office	э	28f. Location (S City or Tow	Street and Nu m, State)	mber or Ru	ral Route Number,
۵	 Mospital or Attending Physician: The law requires that the death certificathous after death. Funeral Director: After this certificate has been signed by the attending tetal filled in by the funeral director, page 2 should be detached for use as 	Ce	00-0-46									
	Hos 24 ho Func Rune	edical	29a. Certifier (Uneck only one) 1 Certifying Ph 2 Medical Exam	nysician: To the best niner: On the basis of and manner s	ot examinati	riedge, death on and/or inv	occurred at the restigation, in my	time, date and place opinion, death oc	ce, and due to the o curred at the time, o	cause(s) and date and plac	manner as e, and due	stated. to the cause(s)
	To the Hos within 24 h To the Fur completely	Med	29b. Signature and title of certifier	e k	arou.		29c. Licer	nse number		29d. Date sig	ned (Monti	n, Day, Year)
	r- ≤ F- ö) bus	an !	``)		29	3281		SEPTE	NBER	13,2006
	1		30. Name and address of person who			23a) (Type,		, , , , ,				Wouldor
	25 1 61		T	2 - 0 1000	1 1 100		401 1 57	W. DI	2	A.		I VOTICIO!

1 10 64 State Registrar

Nelson V., Ben's 5 M to Bindustia Physiq Preston Square
31. Date filed (Month, Day, Year)

SEP 1 5 2006 Hours & Species

SEP 1 5 2006 Hours & Species

			For State	State	of Mary		artment of H			giene 0 0	16 3103	0
ě	3		Registrar 1. Decedent's Name (First, Middle,	Last)			timodic or	Douth	2. Date of De	ath	3. Time of Deat	th
	Physicia		Gladys		Whiteh	nurst			Septemb	er 6,200	9:10 P	М
	/Medic Examin		4a. Facility Name (If not institution, Southern Maryl				4b. City, Town, c	r Location of Dea	ath	4c. County of	George's	
_	Funeral			5. Sex	_	yrs. last birthday)	If Under 1 Year	If Under 24 Hr		th	Birthplace (State or For Country)	reign
	Director		238-11-0400	1 □ M 2 😿 F	92	Yrs.	Months Days	Hours Mir	August	8,1914	North Caroli	na
	pu *		Usual Residence of Decedent 10a. State 10b. County		100	c. City, Town or Lo	ocation				10d. Inside City Lin	mits
	Maryla f sho	5	Maryland Prince	Centre 1		orestvil					1 → Yes 2 □] No
	28a-	Tec.	10e. Street and Number	ocorge a		OLESCATI	10f. Zip Code			10g. Citizen of W	hat Country?	
	23 o 23	Funeral Directo	7420 Marlboro Pi	.ke			20747			United S	States	
	- dea	ner	11. Marital Status	12. Was De Armed F	cedent Ever Forces?	in U.S. 13.	Was Decedent of H	lispanic Origin? (an, Mexican, Pue	(Specify Yes or No arto Rican, etc.)		- American Indian, , White, etc.	
36	2 should be filed within 72 hours after death with the Maryland and Mentle Hygiene. Is marked other than "naturel; or iteme 23e or 28e-f show is marked other than "naturel; or item 23e or 28e-f show emmatic event, the Madical Exam. In must be notified at	by Fu	Never Married 2☐ Marrie 3☐ Widowed 4☐ Divorced	d 1 □ Yes If Yes, G Year or	2 No		1 ☐ Yes 2 🛣 No	Specity:		Specify:	Black	
Maryland 21215-0036	2 hour		15. Decedent	s Education		16a. Dece	dent's Usual Occur	pation		16b. Kind of Bu	siness/Industry	
215	hin 72	Completed	(Specify only highest Elementary/Secondary (0-12)	-	(1-4or 5+)	(Give	kind of work done DO NOT use retire	during most of w d)	rorking			
2	filed wit Hygiene other the	Con	None	None		Hou	sekeeper			Private		
Ī	be file d oth	Be	17. Father's Name (First, Middle, L						ame (First, Middle,	, Maiden Surname	»)	
3	should and Men marke umatic	10	Walter Whitehurs 19a. Informant's Name/Relationsh			10h Maili	ng Address (Street		tt Moore	er City or Town	State Zin Code)	
ā Z	d 2 st th and 27 ts r treur		Mary Cook/Niece				Pugsley A					
ē,	es 1 and 2 should b of Health and Meni of Hem 27 is marked ir other treumatic	- 1	20a. Method of Disposition		2		osition (Name of matory or other pla		Date ember		City or Town, State	
altimore,	Page: ient ol nt: #		1 ■ Burial 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other (Sp		n Stater	Lincoln		35,2		Suitland	Maryland	
Balti	permit. Pages to Department of Himportant: If Ite any Injury or ot once.		21. Signature of Funeral Service	icenseef	_			ss of Facility Ro	bert G.	Mason Fu	neral Home I	[nc
	707 e d		23a. Part1. Enter the disease, or o	amaliaations that	anusad tha		61 Good				Approximate	
			shock, or heart failure. List of	only one cause on	each line.		110	,	ac or respiratory a	11621,	Interval Between Onset and Death	
	Physician /Medical		Immediate Cause (Final disease or condition resulting in death)	a		Lyo caroli	ul Interve	from				
	Examiner			Due	o (or as a co	nsequence of);						
		Jer	S uentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	b. Due is	o (or as a co	risequence of).						
	cuted	Examiner	that initiated events	c								
ő,	The law requires that the death certificate be executed sie has been signed by the ettending physicien and bage 2 should be deteched for use as the burial-transit	I Ex	resulting in death) Last	Due to	o (or as a co	nsequence of):						
8760,	physicate by side by s	dical	·	d								
9 X	death certific ettending pl	/Me	IF FEMALE:	23c. If yes, o	outcome of p	regnancy				23d. Date	e of delivery	
Box	death etter	Physician/Me	23b. Was decedent pregnant in the past 12 months? 1 ☐ Yes 2 ☐ No		birth 2 🗍 gnant at time		□Ectopic pregnanc □ Other (s <i>pecify</i>) _	у		Mor		
o.	that the de led by the e deteched t	hysi	9 Unknown	9□Unk	nown							
Division of Vital Records, P.	res tha iigned be del	by P	Part II. Other significant condition	0	_	•	underlying cause gr	en in Part I.			ibute to the cause of death	
ord	w require been sign should b	De de	your Mgat	we bai	Terem	11			. 10	Yes 2 14No	3 Probably 4 Unkn	nown
ec	law ras be	Completed							24a. Was	an 24b. V	Vere autopsy findings avail rior to completion of cause	lable e of
E H	Physicien: The lav this certificete has al director, page 2 a								1 ☐ Yes	ormed? d	leath?	
Ë	sicien certif rector	Be	25. Was case referred to medical examiner?	Hospital:		• C = 0 :		ner	eath (Check only o			-
ō	Physic Properties of the Physical Control of the Physi	 10	1 Yes 2 No 27. Mann of Death	_	patient of Injury onth, Day Ye	2 ER/Outpatie	nt 3 DOA	4 Nursing	Home 5 Resi	how injury occurre		
<u>0</u>	Attending Physicien: or death. ector: After this certifice by the funeral director.	atio	1 Natural 5 Pending 2 Accident investig		onth, Day Ye	ar) Injury		rk? Yes 2∐No				
<u>N</u>	r Atte er dez recto by th	Certification:	3 ☐ Suicide 6 ☐ Could n 4 ☐ Homicide determi	200. Fla	ce of Injury - Iding, etc. (S	At home, farm, st	reet, factory, office		28f. Location (City or To	Street and Numbe	er or Rural Route Number,	
ā	Ital or irs aft											
	To the Hospital or Attending Ph within 24 hours after death. To the Funerel Director: After th completely filled in by the funeral	Medical	29a. Certifier 1 ☐ Certifying (Check only one)	xaminer: On the	he best of m basis of exa anner stated.	amination and/or in	th occurred at the ti nvestigation, in my	me, date and pla opinion, death oc	ice, and due to the curred at the time,	cause(s) and mai date and place, a	nner as stated. and due to the cause(s)	
	To the within 2 To the comple	Med	29b. Signature and title of sentier	/	211101 312100.		29c. Licen	se number		29d. Date signed	(Month, Day, Year)	
)	- 3 - 3	X.	▶ Kfar	^	MI		DOC	55120		Sep 7	2006	
)	12)		30. Name and address of person v	vho completed ca		(Item 23a) (Type				-		
	10/		Richard Palmen	MD 132	thow 8	hem aver	me se su	ite 310	Washington	DC 200;	52	
	Sta		31. Date filed (Month, Day, Year)	32.	Registrar's	Signature -	25		V			
	Registr	ar	SEP 1 4 20	36	Se 1	14/200						

06-06804

Dou

Please Type or Print in Black Indelible Ink

State of Maryla	and / Departr	ment of Health	and Mental Hygien

glas Robert		ON 1- For State Registrar	State	of Maryla		artment of <i>tificate of</i>		and	Menta	і Нуд		eg. No.	200	16	3103
Physicia	an/	Decedent's Name (First,									Date of Dea Month	Day	Year	3.	Time of Death 1525 hrs
dical Exami	ner	Douglas Rob 4a. Facility Name (if not ins			mber)	4	b. City, Tow	n. or Lo	cation of D		Septembe		County of De	ath .	1323 1115
		2202 Penfield Lar			,		Bowie					P	rince Geor	ge's	
Funeral		5. Social Security Number	6 Se	ех	7. Age (In yrs. la	ast birthday)	If Under 1	Year Days	If Under 2	24Hrs Min.	B Date of Bir	th(MM/E	D/YYYY) 9 For	Birthpl eian (1	ace (State or ashington,
Director		215-38-6141		M 2 F	65	Yrs	MOHUIS	Days	nours	IVIII I.	12/18	/194	0	Count	y) DC
an)		Usual Residence of Deceder 10a State 10b. Co			10c. City,	Town or Location	on							10	d Inside City Limits
=	٦	Maryland Pr	ince	Georges	s Bow	vie								1	X Yes 2 No
slaryla 28a-f 1 at ou	Director	10e Street and Number					10f Zip Co	de			1	0g Citiz	en of What C	ountry	?
ith the Maryland 23a or 28a-f show	Ö	2202 Penfiel	d Lar				2071					USA			
ath wir	uneral	11. Marital Status 1 Never Married 2	Married	Armed F			Decedent of s, specify C				ify Yes or No can, etc.)	-	14 Race - Am White, etc		Indian, Black,
fter de F. or i	ш	3 X Widowed 4	Divorced	1 X Yes	163-16	5 1	Yes 2 X	No s	specify:				Specify Wh	ite	
nours a	ed by	15. Decedent's Education				16a. Decedent	's Usual Occ					16b. K	ind of Busines	ss/Indu	stry
36 iin 72 ihan "q	ompleted	Elementary/Secondary (-12)	College (1	I-4 or 5+)	Claims	المراج المراجع المراجع	2 + 0.2	_			Go	ico		
5-00 ed with lygiene other	Com	17. Father's Name (First, M	ddle, Last			Claims	- Auju			Name (F	ırst, Mıddle,				
1218 lbe fillental H urked	Be	Peter Franci			= .						Corv				
ore, MD 21215-0036 set 1 and 2 should be filed within 72 hours after death with the Maryland of Heath and Mental Hygiene If item 27 is marked other than "natural", or items 23a or 28a-f shother traumatic event, the Medical Examiner must be notified at once.	To	19a. Informant's Name/Rela	, ,	Type, Print)							al Route Nur 7 ie, M		y or Town, Sta	ate, Zi	o Code)
e, M and 2 fealth item 2 traum		Jeff Wilson/ 20a. Method of Disposition			20b.	Place of Disposi	tion (Name o	f ceme			ate FL		ocation - City	or Tov	vn. State
imore, MD 21215-(Pages I and 2 should be filed a ment of Health and Mental Hyg tant: If item 27 is marked oth or other transmatic event, the		1 X Burial 2 Crer 4 Donation 5 Oth			om State	crematory or oth Maryla cerans C	ind lemete	rv		09/1	5/200	Ch	eltenh	am.	MD
Baltimore, MD permit Pages and 2 sh Department of Health and Important: If item 27 is injury or other traumati		21 Signature of Funeral Se			1.00	22. N	ame and Add	dress of	Facility	Robe	rt E.	Eva	ns Fun	era	1 Home
		23a Part I Enter the disea	a or com	olications that o	aused the death								D 2071		Approximate Interval
Physician /Medical		failure. List only one	ause on ea	ach line.	ve Atheroscl						,				Between Onset and Death
xaminer		Immediate Cause (Final de or condition resulting in de			consequence o		374004I4I	D.00.						+	
	er	Sequentially list conditions if any, leading to immediate		Due to (or as a	consequence o	of):			_					+	
	Examiner	cause Enter Underlying C (Disease or injury that initial	ause c.			£):								4	
uted id ansit		events resulting in death)	∟ast d.	,	a consequence o	п).									
box 68760, the death certificate be executed by the attending physician and ched for use as the burial - transit	Medical	UNPENDED		AMENDED										Т	
3760, ficate b g physic s the bur	/Me	IF FEMALE: 23b Was decedent pregnal	it in the	23c. If yes,	outcome of preg	· _	al death	3	Ectopic p	regnanc	v		Date of deliv	ery Day	Year
iof Vital Records, P.O. Box 6876 ing Physician: The law requires that the death certificat After this certificate has been signed by the attending phineral director, page 2 should be detached for use as the	Physician/	past 12 months?	1	4 Pregr	nant at time of de	noth -	ner (Specify)		Lotopio p	. ograno	,			Duy	100.
. Box he death or y the atten thed for us	hys	Part II. Other significant of	_	9 UIKII	own o death but not r	escultura in the i	nderlying ca	ISO CIVE	en in Part		23e Didit	nhacco I	ise contribute	to the	cause of death?
P.O s that t	by	Metastatic small			o death but not i	esalting in the di	riderrying ca	ase give	en in i ait		-				y 4 V Unknown
Records, P.C. The law requires that cate has been signed by	ompleted										24a. Was				sy findings available
of Vital Records, ng Physician: The law requir ther this certificate has been s meral director, page 2 should I	ldmo										autor perfo	rmed?	death	?	pletion of cause of
al R an: Tl ertifica etor, pa	Be C	25 Was case referred to m	edical				26.1		Death (C	heck on	,				
Vita Physici rthis co	To B	examiner? 1 ✓ Yes 2 N			Inpatient 2	ER/Outpatient					lome 5		nce 6 🗸 Ot	her: S	cene
	on:	27. Manner of Death 1 ✓ Natural 5	Pending	28a Date (Monti	of Injury n. Day,Year)	28b Time of Ir			at Work? s 2 N		3d Describe	how inju	ry occurred		
Division ral or Attending rs after death all Director:	icati	2 Accident 3 Suicide 6	Investigat	28e Plac	ce of Injury - At h	ome, farm, stree					Bf. Location (Street ar	nd Number or	Rural	Route Number, City
Divising or At ours after dours after direct filled in by	Certification	Suicide 6 4 Homicide	Could not determine)						or Town,	State)			
Division of Vital Division of Vital With Hospital or Attending Physician: Within 24 hours after death To the Finneral Director: After this certificompletely filled in by the funeral director.	Medical (Concon only		er: On the basis	st of my knowled of examination a										ause(s)
To wit	Mec	29b. Signature and title of	ertifier	and manner	stated		29c. L	cense i	number			29d [Date signed (Month,	Day. Year)
		Cardl	A	Hell	len		C	.C.M	.E.			Sep	tember 10	200	6
15+1		30 Name and address of p			se of death (Iten Examiner		Street, Ba	ltimor	e, MD 2	21201					
	tate	31. Date filed (Month Day			gistrar's Signat		ants o								
Regis	urdi	U-1				THE PERSON NAMED IN									

DHMH 17 Rev 1/2001 OCME 2006

State of Maryland / Department of Health and Mental Hygiena 31032 Certificate of Death 3. Time of Death 2 Date of Death 1. Decedent's Name (First, Middle, Last) September 12, 2006 11:50 M **Physician** White Clifton /Medical 4c. County of Death 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death Examiner Salisbury Wicomico 229 Canal Park Drive If Under 1 Year | If Under 24 Hrs. Birthplace (State or Foreign Country) 8. Date of Birth (Month, Day, Ye, 6/11/1917 7. Age (In yrs. last birthday) 5. Social Security Number **Funeral** Days Hours 1**X** M 2□ F 89 Yrs. Director 218-05-8906 Usual Residence of Decedent the Maryland 10d. Inside City Limits 10c. City, Town or Location 10a. State 10b. County or 28a-f ahow item 27 is marked other than "natural", or itams 23a or 28a-f abov other traumatic avant, the Medical Examiner must be notified at 1 Yes 2 No Directo Wicomico Salisbury Maryland 10g. Citizen of What Country? 10f. Zip Code 10e. Street and Number 229 Canal Park Drive 21804 USA Funeral Pages 1 and 2 should be filed within 72 hours after death 12. Was Decedent Ever in U.S. Armed Forces? 1 ★ Yes 2 □ No If Yes, Give Year or Dates: ₩ I 14. Race - American Indian, Black, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status Army 1 Never Married 2X Married Baltimore, Maryland 21215-0036 1 ☐ Yes 2 No white WW II Completed by 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: If item 27 is marked other than any injury or other traumatic avant, the Manging. Optometrist Optometry 18. Mother's Name (First, Middle, Maiden Sumame) 17. Father's Name (First, Middle, Last) Be Nanna (unknown) Uriah F. White 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) 229 Canal Park Dr., Salisbury, MD 21804 Mary BelleWhite/wife 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 20a. Method of Disposition 1 Burial 2 ☐ Cremation 3 ☐ Removal from State 9/15/06 Salisbury, MD Parsons Cemetery 4 □ Donation 5 □ Other (Specify) 21. Signature of Funeral Service; License Holloway Funeral Home Professional Association 501 Snow Hill Rd., Salisbury, MD 21804 28a. Part . Enter the disease, or complications—at caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one car se on e-ch line. Approximate Interval Between Onset and Death Immediate Cause (Final **Physician** ancer disease or condition resulting in death) /Medical Examiner Sequentially list conditions, Tary, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to for as a consequence of Examiner or Attending Physician: The law requires that the death certificate be executed use as the burial-transit cate has been signed by the attending physicien and page 2 should be detached for use as the burial-trar Due to (or as a consequence of) P.O. Box 68760 Physician/Medical IF FEMALE: 23c. If yes, outcome of pregnancy 1☐Live birth 2☐Fetal dea 23d. Date of delivery 23b. Was decedent pregnant 2 Fetal death 3 DEctooic pregnancy Day in the past 12 months? Month 4☐Pregnant at time of death 5 Other (specify) 1 Yes 2 No 9 Unknown 23e. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I Division of Vital Records, Be Completed by 3 ☐ Probably 4 ☐ Unknown 22 No 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an certificate has autopsy performed 1 ☐ Yes 1 ☐ Yes 2 ☐ No 2 No 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Hospital: Other: 1 ☐ Yes 2 Z No 1 Inpatient Residence 6 Other (Specify) Medical Certification: To 2 ER/Outpatient 3 DOA 4 Nursing Home this 28b. Time of 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28d. Describe how injury occurred After Natural 5 Pending Injury To the Hospital or Attendin within 24 hours after death.

To the Funeral Director; Af completely filled in by the fu 1 ☐ Yes 2 ☐ No death. 2 Accident investigation 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 🗌 Homicide Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifier 20018614 cause of death (Item 23a) (Type, Print) 30. Name and address of person 547D Riverside Dr., Salisbury, MD 21801 Deepak Saggar, MD 31. Date filed (Month, Day, Year) 32. Registrar's Signature State 1 5 2006 Registrar

ORIGINAL

Please Type or Print in Black Indelible Ink. Ensure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygier 2006 1 - For State Registrar Certificate of Death Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month Day 29 Year b **Physician** 8735AM WILLIAM A. AUBURGER, SR. /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner BALTIMORE-WASHINGTON MEDICAL CENTER GLEN BURNIE ANNE ARUNDEL If Under 1 Year If Under 24 Hrs.

Months Days Hours Min. 5. Social Security Number 7. Age (In yrs. last birthday) 82 yrs Birthplace (State or Foreign Country) 8. Date of Birth (Month, Day, Year) **Funeral** 1⊠M 2□F Months Director 218-12-8580 APRIL 24, 1924 MARYLAND Usual Residence of Decedent 10a. State 10c. City, Town or Location 10d. Inside City Limits 10b. County itam 27 ia markad othar than "natural", or itama 23a or 28a-f ahow othar traumatic avant, the Madical Examinat must be notified at MARYLAND ANNE ARUNDEL GLEN BURNIE 1 ☐ Yes 2 No **Funeral Director** 10e. Street and Number 10f. Zip Code 10g. Citizen of Whal Country? 393 OLD STAGE RD. 21061 APT. UNITED STATES 12. Was Decedent Ever in U.S. Armed Forces? Race - American Indian, Black, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status 1 ☐ Yes 2 No 1 Never Married 2 Married 1 ☐ Yes 2 🗓 No Specify: If Yes, Give Year or Dates: Specify: WHITE Be Completed by 3 ☐ Widowed 4√Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Hygiene. CABINET MAKER MANUFACTURING 12 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) 2 should be fit and Mental F JOSEPH AUBURGER THERESA YOUNGER 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Health 8 JOHN J. AUBURGER / SON 393 OLD STAGE RD. APT. 3 GLEN BURNIE, MD 21061 H itan 20a. Mathod of Disposition

1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 20b. Place of Disposition (Name of cemetery, crematory or other place) OCT. Date 20c. Location - City or Town, State ō injury or Important: It any injury or once. 4 ☐ Donation 5 ☐ Other (Specify) LOUDON PARK CEM. 2006 BALTIMORE, MD 21. Signatur of Funeral Service Licensee 22. Name and Address of Facility KIRKILEY-RUDDICK FUNERAL HOME PA. MD 21061 23a. Part1. Enter the disease, or completions that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) CHROMIC Physician /Medical Due to (or as a consequence of) Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of) Examiner DIABETES burial-transit The law requires that the death certificate be executed Box 68760. Completed by Physician/Medical as the IF FEMALE: 23c. If yes, outcome of pregnancy 1 ☐ Live birth 2 ☐ Felel death 23b. Was decedent pregnant 23d. Date of delivery 3 Ectopic pregnancy jo in the past 12 months? 1 ☐ Yes 2 ☐ No Month Day Year 4☐Pregnant at time of death 5 Other (specify) signed by the al P.O. 9 Unknown 9 Unknown Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? of Vital Records, 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause of death?

1 Yes 2 No 24a. Was an page 2 autopsy 1 ☐ Yes or Attanding Physician: Be 25. Was case referred to medical examiner? 26. Place of Death (Check only one) 2 No Hospital: 1 Xmpatieni Other: 4 Nursing Home 5 Residence 6 Other (Specify) မ 2 ER/Outpatienl 1 🗌 Yes 3 DOA 28a. Ple of Injury Month, Day Year) 27. Manner of Peath 28c. Injury at Work? Certification: 28b. Time of 28d. Describe how injury occurred Division 1 Natural 2 Accident 5 Pending investigation s after death. 1 Yes 2 No 6 Could not be 3 Suicide 28e. Place of Injury · At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) filled in by determined 4 Homicide the Hospital within 24 hours a 15 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a, Certifier Medicai (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year)

Registrar

State

30. Name and address

31. Date filed (Month, Day, Year)

OCT 0 2 2006

ハコーチを

person who completed cause of death (Item 23a) (Type, Print)

32 Registrar's Sign

Please Type or Print in Black Indelible Ink. Ensure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygier 006

	State of Maryland / Department of Health and Mental Hygien 006 3 1034												
	5 v 38		Registrar 1. Decadent's Name (First, Middle, Las	0	Certificate of Death				Reg. No. 2. Date of Death Month Day Year				
-	Physicia /Medic	al	4a. Facility Name (If not institution, give	ISTON	9-26-06 200A M								
	Examin	er	2016 North	source Ro	ad B	Town, or Location of Dear							
- Sept. 1	Funeral Director		5. Social Security Number 6. Social Security Number 6. Social Security Number 1	7. Age (In yrs. I	Ast birthday) If Under Months Yrs.	r 1 Year If Under 24 Hrs Days Hours Min		9. Birth	hplace (State or Foreign funtry)				
	land ow		Usual Residence of Decedent 10a. State 10b. County	10c. City	, Town or Location			,,,,	10d. Inside City Limits				
	Ba-f sh	ector	MD	Ba	Utimol	Code	100.0	itizen of What Co	1 XYes 2 □ No				
	h with t	Funeral Director	2016 Northho	Pume Prac	Q 101.2	21239	10g. 0	USA	witti y :				
	Items Items	-uner	11. Marital Status 1 Never Married 3 Married	12. Was Decedent Ever in U. Armed Forces? Yes 2 ☐ No	S. 13. Was Dec	dent of Hispanic Origin? (scriy Cuban, Mexican, Pue	Specify Yes or No- to Rican, etc.)	14. Race - Ame Black, White					
5-0036	72 hours after death with the Maryland "natural", or flems 23s or 28s-f show dical Examinat must be notified at	þ	3 Widowed 4 Divorced	lf Yes, Give Year or Dates:	1 Yes		15h	Specify: Kind of Business/	slack				
2121	es 1 and 2 should be filed within 72 of Health and Mental Hyglene. If Item 27 is marked other then "naing other traumatic event, Ina Madig	Completed	15. Decedent's Ec (Specify only highest gra Elementary/Secondary (0-12)	de completed) College (1-4or 5+)	16a. Decedent's Us (Give kind of w life. DO NOT	ork done during most of wo	orking		Classy				
			17. Father's Name (First, Middle, Last)		Macrin	e perator	me (First, Middle, Maide	moco.	STEGE				
yland		To Be	William HORT F		1 401 14 17 444	Luc	ille Als	10N	Zin Codol				
Mary		,	19a. Informant's Name/Relationship (()	5932	s (Street and Number or F		Sto Mi	2214				
nore			20a. Method of Disposition ☐ Burial 2 ☐ Cremation 3 ☐	Removal from State	lace of Disposition (Nemetery, crematory or	other place)	110	Location - City or	Town, State				
Baltimor	permit. Pag Department Important: I any injury c		4 ☐ Donation 5 ☐ Other (Specification 21. Signature of Funeral Service Licer	500	dend F	nd Address of Family	130/06 B	val Se	ruices				
	80 E E B		23a. Part1. Enter the disease, or com	TO MOI36, plications that caused the death	h. Do not enter the mo	05 YOLK de of dying, such as cardia	RU - Ruc ac or respiratory arrest,	to MD	Approximate Interval Between				
	Physician /Medical Examiner parial-transit	Examiner	shock, or heart failure. List only Immediate Cause (Final disease or condition resulting in death)	one cause on each line.	is Co	man			Onset and Death 4 MM				
100				Due to (or as a consequence of): Covonary antery Diferse									
P.O. Box 687			Sequentially list conditions, if any, leading to immediate cause. Enter Undertying Cause (Disease or injury	Due to (or as a consequence)	uence(d):								
			that initiated events resulting in death) Last	Due to (or as a consequence)			4 uslas						
	tificate b ig physic as the b	edlca	•		()								
	eath certific attending pl for use as t	Physician/Medical	IF FEMALE: 23b. Was decedent pregnant in the past 12 months?	23c. If yes, outcome of pregna 1 □ Live birth 2 □ Feta 4 □ Pregnant at time of d		23d. Date of del Month	livery Day Year						
	res that the de signed by the a l be detached t		1 Yes 2 No 9 Unknown	9□ Unknown	00 0 0								
	urres th n signed	by	Part II. Other significant conditions of	ontributing to death but not resi	ulting in the underlying	cause given in Part I.	V		o the cause of death? robably 4 Dunknown				
Records,	To the Hospital or Attending Physicien: The law requires that the death certificate within 24 hours after death. To the Funeral Director: After this certificate has been signed by the attending phys completely filled in by the funeral director, page 2 should be detached for use as the	Medical Certification; To Be Completed				24a. Was an autopsy performed?	24b. Were autopsy findings available prior to completion of cause of death?						
of Vital			25. Was case referred to medical			26, Place of D	1 ☐ Yes 2019 eath (Check only one)		1 Yes 2 No				
			examiner? 1 Yes 2 No 27. Manner of Death	Hospital: 1 Inpatient 2 Inpatient 28a. Date of Injury	ER/Outpatient 3 [ome 5 Residence 6 Other (Specify) 28d. Describe how injury occurred					
			1 Natural 5 Pending investigation	(Month, Day Year)	Injury M	28c. Injury at Work? 1 ☐ Yes 2 ☐ No							
Division			3 ☐ Suicide 6 ☐ Could not b 4 ☐ Homicide determined			ery, office	28f. Location (Street and Number or Rural Route Number, City or Town, State)						
			29a. Certifier 1 Certifying Ph (Check only one)	1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.									
	To the within 2 To the comple		29b. Signature and title of certifier	and marmer stated.		9c. License number	29d. [Date signed (Mont	th, Day, Year)				
	10	30. Name and address of person who completed cause of death (Item 23a) (Type, Print)											
	2323 Urleans St. Baltimore on 02 (20)												
1	Sta Regist	ate rar	31. Date filed (Month, Day, Year)	32 Registrar's Signa	A Rocali	<u>e</u>			,				

State of Maryland / Department of Health and Mental Hygiene 1 - For State Registrar Certificate of Death 2, Date of Death 3. Time of Death 1. Decedent's Name (First, Middle, Last) Day 16, 2006 **Physician** September 12:00 AM Virginia W. Badart /Medical 4c. County of Death 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death **Examiner** Calvert Solomons Nursing Center Solomans If Under 1 Year | If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Months Days Hours 1 ☐ M 2 🛱 F Yrs. Mar 26, 1909 Director 220-20-6289 Maryland Usual Residence of Decedent 10a. State 10c. City, Town or Location 10d. Inside City Limits item 27 ie marked othar than "natural", or items 23a or 28e-f ahow othar traumatic event, the Madical Evantuar must be notified at 1 ☐ Yes 2√ No Director MD Calvert Solomons 10g. Citizen of What Country? 10e. Street and Number 10f. Zin Code 13325 Dowell Road 20688 USA death Funeral 14. Race - American Indian, Black, White, etc. 12. Was Decedent Ever in U.S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status o filed within 72 hours after du i Hygiene. othar than "natural", or Item 1 ☐ Yes 2 X No If Yes, Give Year or Dates: 1 Never Married 2 Married Baltimore, Maryland 21215-0036 1 ☐ Yes 2 ☑ No Specify: Specify: white <u>م</u> 3 ♥ Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 12 4 homemaker own home Pages 1 and 2 should be filed vent of Health and Mental Hygies out: if item 27 is marked other t 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Eva Leager ပ Sam Walls 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20657 Carole Vanwie/daughter 1309 Tongue Cove Drive Lusby, MD 20b. Place of Disposition (Name of cemetery, crematory or other place) Date 20c. Location - City or Town, State 20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State permit. Page Department of Importent: if any injury or once. 4 ☑Donation 5 ☐ Other (Specify) Funeral Service Ronal d State Anatomy Board 655 W. Baltimore Street Baltimore, MD 2120 23a. Part. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, a heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final Preumonia Pnysician disease or condition resulting in death) /Medical Due to (or as a consequence of) Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury Due to (or as a consequence of): Examiner The law requires that the death certificate be executed use as the burial-transit and that initiated events resulting in death) Last Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, the attending physician Physician/Medical IF FEMALE: 23c. If yes, outcome of pregnancy
1 ☐ Live birth 2 ☐ Fetal death
4 ☐ Pregnant at time of death 23d. Date of delivery 23b. Was decedent pregnant 3 Ectopic pregnancy in the past 12 months? Month Day Year 5 Other (specify) ☐Yes 2 No 9 Unknown 9 ☐ Unknown been signed by 23e. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. þ Mulitue 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown Completed 24a. Was an autopsy performe 24b. Were autopsy findings available prior to completion of cause of death? 1 Yes 2 No 1 Yes 2 1 No or Attanding Physician: 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: Mursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No ٢ this completely filled in by the funeral 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 27. Manner of Death Certification: After Natural 5 Pending 1 ☐ Yes 2 ☐ No investigation death. ofter death 2 Accident 6 ☐ Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) determined 4 Homicide To the Hospital o within 24 hours eff To the Funaral DI 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a, Certifier 29d. Date signed (Month, Dey, Year) 29c. License number 29b. Signature and title of certifier 1747510 21 2006 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Prince Frederick, Md. 20678 David James Tardio 31. Date filed (Month, Day, Yeer) 32, Registrar's Signature State Registrar 001 0 2 2006

			For State Registrar	State of N	Marylar	-	artmen rtificat			and Me		giene	'UUb	3	1036	
	Physici	an	Month Day Year										Time of Death			
	/Medic Examin		Walter Brown 4a. Facility Name (If not institution, give	street and number	er)	1 0	4b. City,	Town, or	Location of	of Death	reprem	4c	20,200. County of D		/	
	LXamm		Maryland Giene	Ral XX	DSPIT	al	Bal	tin	PORC	Cr	ty					
	Funeral		5. Social Security Number 6. Security Number	7]M 2□F	Ag é (In yrs. 79	. last birthday) Yrs.	Months Months	1 Year Days	If Under	Min.	B. Date of Bird (Month, Da	th y, Year)	Year) 9. Birthplace (State or Foreign Country) Montrell and			
	Director		213-26-6791 Usual Residence of Decedent	79							Jan 2,	192				
	aryland phow	Ļ	10a. State 10b. County		10c. Ci	ity, Town or L									nside City Limits I □ Yes 2√□ No	
	r 28s-f ehow	ecto	MD Anne Arundel Severna Park 106. Street and Number 107. Zip Code 109. Citizen of What									X X				
	within 72 hours after death with the Maryland sne. than "natural", or iteme 23e or 28e-f ehow the Madical Examitan must be muffled at	Funeral Director	319 Ritchie Hgwy 21146					5			USA	A				
)	ter deatl	iner	11. Marital Status	Armed Force	2. Was Decedent Ever in U.S. Armed Forces?		. Was Decedent of Hispanic Origin? (Spelf Yes, specify Cuban, Mexican, Puerto				ecify Yes or No- Rican, etc.)		14. Race - American Indian, Black, White, etc.		ndian,	
38	rs afte	by Fu	1 ☐ Never Married 2 ☑ Married 1 ☑ Yes 2 ☐ No If Yes, Give 1 ☐ Yes 2 ☑ No										Specify: black			
3×000	n 72 hours "natural", adical Ext	ted t	15. Decedent's Education 16a. Decedent's Usual Occupation							_	16b. Kind of Business/Industry					
215	ithin 7 18 18	Completed	(Specify only highest grade	College (1-40	or 5+)	life.	DO NOT u	se retired)	t or working	g					
	be filed within ital Hygiene. Id other then event, the Me		12 17. Father's Name (First, Middle, Last)	0		mair	itenar	ice w			(First, Middle,	. Maider	vernme	nt_		
lanc		To Be	Walter Brown							ena B						
LR E	s 1 and 2 should be filed within f Health and Mental Hygiene. Item 27 le marked other then other traumatic event, tra M	-	19a. Informant's Name/Relationship (Ty	rpe, Print)		19b. Mail	ing Address	(Street a			Route Numb	er, City	or Town, Stat	e, Zip Cod	de)	
	723€		Laura V. Brown/sp	ouse	004	319 Place of Disp			gwy_S	everr	a Park				P	
Me	Pages 1 nent of H ont: If Ite ury or ot		20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐ F 4 ☒ Donation 5 ☐ Other (Specify)			cemetery, cre			Θ)	Da		200. L	ocation - City	or rown,	State	
Baltir	permit. Pages 1 are Depertment of Heal Importent: If Item any injury or other once.	Ì	21. Signature of uneral Service Licensee S. Way D. ctor State Anatomy Board 655 W. Ba									Ва	altimore Street			
			23a. Part Enter the disease or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, in heart failure. List only one cause on each line. Approximate Interval Between Control and Posth										proximate erval Between set and Death			
8760,	Attending Physician: The law requires that the death certificate be executed by redeath. Totals. Ilcai Examiner	Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	Due to (or	DYOU as a conse	a consequence of): a consequence of): a consequence of):											
9 x0	eath certific attending p for use as	n/Med	IF FEMALE: 23b. Was decedent pregnant 1 □ Live birth 2 □ Fetal death 3 □ Ectopic pregnancy									23d. Date of delivery				
O. B	the death by the atte ached for	Physician/M	in the past 12 months? 1 ☐ Yes 2 ☐ No 9 ☐ Unknown	2 months? UNO Under time of death 5 □ Other (specify)								Month Day Year				
g. G.	ires that the signed by dipe detact	र्व	Managara Dala a Dalaca									tobacco use contribute to the cause of death?				
ord	v requir been s should	eted	Di Colonory Marchy Discuse,						1 Yes 2 No 3 Probably 4 Drinknown							
Rec	The law ete hes b page 2 s	Completed	Benal Failure							24a. Was an autopsy performed prior to completion of cause of death? 1 ☐ Yes 2 ☑ No 1 ☐ Yes 2 ☐ No						
ita	siclen: Th certificete rector, pag	Be C	evaminer?							of Death	eath (Check only one)					
<u>~</u>	Physic this ce al dire	၉	1 ☐ Yes 2 ☐ No Hospital: 1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐										esidence 6 Other (Specify)			
on C	ding F h. After funera	tlon;	27. Manner of Death 1 Natural 5 Pending 2 Accident investigation	28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? M 1 1 9es 2 No						28d. Describe how injury occurred						
Division of Vital Records, P.O. Box 68	2 2 2 6	Certification;	2 Accident investigation 3 Suicide 6 Could not be determined 6 Homicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)						28f. Location (Street and Number or Rural Route Number, City or Town, State)							
	To the Hospitel or At within 24 hours after or To the Funeral Direct completely filled in by	edical (29a. Certifier 1 entrying 2hy (Check only one) 2 Medical Exami		s of examin											
	To th within To th compl	Me	29b. Signature and title of certifier			10 . 10			e number				ate signed (M			
			Momas	Dell	me	MV)		8	935	4			9/23	104	2	
<u>-</u>	- ·		30. Name and address of person who co	ne, n	7.0.	90	Print	RY	lane	d 6	rener	RW	2 40.	Spin	tal_	
	Sta	ite	31. Date filed (Month, Day, Year)	32. Reg	istrar's Sign	nature	3000									

Please Type or Print in Black Indelible Ink. Ensure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygieney 31037 Certificate of Death Date of Death
 Month 1. Decedent's Name (First, Middle, Last) 3. Time of Death Year **Physician** SEPT. GENEVIEVE BERESH 24 2006 10:30 AM /Medical 4c. County of Death 4b. City, Town, or Location of Death 4a. Facility Name (If not institution, give street and number) Examiner BALTIMORE ST. ELIZABETH HALL TIMONIUM 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Security Number Birthplace (State or Foreign Country) **Funeral** 1 ☐ M 2 🛱 F 96 Yrs. Oct 19, 1909 Director 141-05-2488 Maryland Usual Residence of Decedent with the Manyland 10c. City, Town or Location 10a. State 10b. County 10d. fnside City Limits permit. Peges 1 end 2 should be filed within 72 hours after death with the Maryla Depertment of Health and Mental Hygiene. Important: If item 27 le marked other then "neturel", or Iteme 23a or 28a-f ehow earl highry or other treumatic event, the Machical Examinists, ust be puffled at once. 1 ☐ Yes 2√2 No MD Baltimore Timonium Direct 10g. Citizen of What Country? 10e. Street and Number 10f. Zip Code 21093 USA 2300 Dulaney Valley Road M-109 Funeral Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 12. Was Decedent Ever in U.S. Armed Forces? 11. Marital Status 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: 1 Never Married 2 Married Baltimore, Maryland 21215-0036 1 ☐ Yes 2 No Specify: Specify: white þ 3 Widowed 4 Divorced 42-46 Completed 16a. Decedent's Usuaf Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry College (1-4or 5+) Elementary/Secondary (0-12) 12 registered nurse health care 18. Mother's Name (First, Middle, Maiden Surname) 17. Father's Name (First, Middle, Last) Be Michael Beresh Julia Louise Budacz 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 209 Courtland Avenue Towson, MD 21204
20c. Location - City or Town, State Henry Stewart/nephew 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☑ Donation 5 ☐ Other (Specify) 21. Signature of General Service Ronald 22. Name and Address of Facility State Anatomy Board Baltimore, MD 21201 .655 W. Baltimore Street un Part1. Enter the disease or complications that earlised the death. Do not enter the mode of dying, such as cardiac or espiratory arrest, shock, or heart failure. List only one cause on each line. Onset and Death Immediate Cause (Final disease or condition resulting in death) **Physician** /Medical Examiner 15.21 Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of) Examiner been signed by the attending physicien and should be detached for use as the burial-transit The law requires that the death certificate be executed Due to (or as a consequence of): Physician/Medical IF FEMALE: 23c. ff yes, outcome of pregnancy
1 Live birth 2 Fetal death
4 Pregnant at time of death 23d. Date of delivery 23b. Was decedent pregnant in the past 12 months? 3 ☐ Ectopic pregnancy Month Day Year 5 Other (specify) 1 Yes 2 No 9 Unknown Part II. Dther significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? ģ 1 Yes 2 No 3 Probably 4 Northown Completed 24b. Were autopsy findings available prior to completion of cause of death?

1 ☐ Yes 2 ☐ No 24a. Was an page 2 has autopsy performed?

1 Yes 2 No After this certificate funeral director, pag 25. Was case referred to medical examiner? Be 26. Pface of Death (Check only one) Hospital: 1 | Inpatient 2 | ER/Outpatient 3 | DOA Other: 4 Nursing Home 5 Aresidence 6 Other (Specify) 1 ☐ Yes 2 No ဥ 28a. Date of fnjury (Month, Day Year) 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Certification; 1 Naturaf 5 Pending М 1 Tyes 2 No investigation 2 Accident 3 Suicide 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Pface of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 - Homicide

Division of Vital Records, P.O. Box 68760, or Attending Physician: within 24 hours efter deat To the Funerel Director: completely filled in by the

> State Registrar

(Check only one)

29b. Signature and

31. Date filed (Month, Day, Year) OCT 0 2 2006

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

of certifier

EDDIE NAKHUDA, M.D.

32 Registrar's Signature

2300 DULANEY VALLEY ROAD

1 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Madical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29c. License number

TIMONIUM, MD

29d. Date signed (Month, Dey, Year)

21093

106

Certificate of Death

2. Date of Death

3. Time of Death

1. Decedent's Name (First, Middle, Last) Brow 710 M LCHARD 0 ZOUL 4b. City. Town, or Location of Death 4c. County of Death 4a. Facility Name (If not institution, give street and number) MANDRIN HOSPICE HOUSE ANNE ARUNDEL HARWOOD If Under 1 Year | If Under 24 Hrs. 5. Social Security Number 6. Sepy 1 M M 2 □ F 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) Months Days Hours Min Yrs. 86 Director 015-14-5838 1920 MASSACHUSETTS Usual Residence of Decedent with the Maryland 10d. Inside City Limits 10c. City. Town or Location 10a State 10b County in then "neturel", or Itema 23a or 28a-f ehow the Medical Examinar must be notified at 1 ☐ Yes 2 X No Director MARYLAND ANNE ARUNDEL GLEN BURNIE 10g. Citizen of What Country? 10e. Street and Numbe 10f. Zip Code 370 FLEAGLE RD. 21061 UNITED STATES Funeral death 12. Was Decedent Ever in U.S. Armed Forces? 1 (₹Yes 2 □ No If Yes, Give Year or Dates: WW I Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian. 11. Marital Status Black, White, etc. filed within 72 hours after 1 ☐ Never Married 2 X Married Baltimore, Maryland 21215-0036 1 ☐ Yes 2 🛛 No Specify. Specify: ۵ 3 ☐ Widowed 4 ☐ Divorced WHITE Completed 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) (Give kind of work done during most of working life. DO NOT use retired) ELECTRICAL College (1-4or 5+) Elementary/Secondary (0-12) ELECTRICAL ENGINEER MANUFACTURING 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) s 1 and 2 should be fil Health and Mental H tem 27 le marked ott Be FRANCIS JAMES BROW NELLIE BRESSETTE ဥ 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) HAZEL M. BROW/ WIFE 370 FLEAGLE RD., GLEN BURNIE, MARYLAND 21061 20b. Place of Disposition (Name of cemetery, crematory or other place) Date 20c. Location - City or Town, State 20a. Method of Disposition OCTOBER 2 1 ☐ Burial 2 X Cremation 3 ☐ Removal from State METRO CREMATORY, INC. 4 □ Denation 5 □ Other (Specify) 2006 CATONSVILLE, MARYLAND 21. Signature of Funeral Service Licensee Impo eny I KIRKLEY-RUDDICK FUNERAL HOME. 421 CRAIN HWY., S.F., GLEN BURNIE, MD 21061 0 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final **Physician** disease or condition resulting in death) /Medical Due to (or as a consequence of) Examiner Sequentially list conditions, if any, leading to innivediate cause. Enter Underlying Cause (Disease or injury Due to (or as a consequence of) physicien end s the burial-transit The law requires that the death certificate be executed resulting in death) Last Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760 Physician/Medical 88 attending r IF FEMALE 23c. If yes, outcome of pregnancy 1 Live birth 2 Fetal death 23d. Date of delivery 23b. Was decedent pregnant 3 Ectopic pregnancy in the past 12 months? Day 4☐Pregnant at time of death signed by the at d be detached to 5 Other (specify) 1 ☐ Yes 2 ☐ No 9 Unknown 9 ☐ Unknown 23e. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. ģ 1 Xes 2 No 3 Probably 4 Unknown been si Completed 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an s certificete has tirector, page 2 s 2□ No 1 Yes 1 Yes Attending Physician: MANDRIN 25. Was case referred to medical examiner? Be 26. Place of Death | Check only one HOSPILL Hospital: Other: 4 Nursing Home 5 Residence 6 Sther (Specify) 1 Yes No P 1 Inpatient 2 ER/Outpatient 3 DOA Atter thi 28a. Date of Injury (Month, Day Year) HOUSE 28d. Describe how injury occurred 27. Manner of Death 28b. Time of 28c. Injury at Work? Certification: 1 Natural 2 Accident 5 Pending investigation 1 ☐ Yes 2 ☐ No Director: 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 3 ☐ Suicide 6 Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 | Homicide To the Hospital within 24 hours a Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner mated. 29a. Certifier Medical 29b. Signature and title of certifie 29c. License number 29d. Date signed (Month, Pay, Year) 2000 Chief Medical Officer D 21438 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Michael J. LaPenta, M.D. Hospice of the Chesapeake, 445 Defense Highway, Annapolis, MD 21401 32 Registrar's Signature 31. Date filed (Month, Day, Year) State OCT 0 2 2006 Registrar

DHMH 17 Rev 1/2001

Patient Knoon as

Patricia Bersbach

	•	For State Registrar	State of Marylan			nt of Hea te of De		Mental Hy	/giene Reg. No				
Physici	an	Decedent's Name (First, Middle, Last)	1-					2. Date of D Month	Da		Year	3. Time of	
/Medic		Patricia Bersb 4a. Facility Name (If not institution, give st			4b. City	, Town, or Lo	cation of Deat	Septem		. County	2006 of Death	1:50	, ~
Examin	ler	, ,	of Baltimor	e	_ ^	eltimor					imore	City	
Funeral Director		5. Social Security Number 6. Sex 214-48-0931	7. Age (In yrs. I	ast birthday) Yrs.		r 1 Year	Under 24 Hrs Hours Min.		irth ay, Year) 3, 1	947	9. Birthpla Count Mary		r Foreign
D >		Usual Residence of Decedent 10a, State 10b, County	100 Cib	r. Town or Lo	antion						10	d. Inside Ci	in Limite
ehov	5	Maryland Anne Ar		n Brur							10	a. Inside Cr 1 ☐ Yes	
28e-1	Director	10e. Street and Number			10f. Z	ip Code			10g. Cit	tizen of W	/hat Count	rv?	
3e or		7930 Park West Dr	ive			210	61			Uni	ted S	tates	
death	Funeral		2. Was Decedent Ever in U. Armed Forces?	S. 13. V	Vas Dece	edent of Hisp	anic Origin? (S Mexican, Puer	Specify Yes or N	0-		e - America k, White, e		
permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or iteme 23e or 28e-1 ehow eny injury or other traumatic event, Ita Modical Examinat must be notified at QDGs.	b	1 Never Married 2 Married 3 Widowed 4 Divorced	1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates:	į		_	Specify:	io moan, etc.,		Specify:	T.T	hite	
72 ho	Completed	15. Decedent's Educi (Specify only highest grade		16a. Deced	lent's Usi	ual Occupation	on inamost of wa	rkina	16b. K	ind of Bu	siness/Indi	ıstry	
ifthin 70.	agr.	Elementary/Secondary (0-12)	College (1-4or 5+)	life. C	OONOT	us <i>e retired)</i>	ing most of wo	g					
lled w tygier her th		17. Father's Name (First, Middle, Last)	5	Acc	count		Mother's No.	me (First, Middle		ilro			
d be fi	Be	William Leonard				10		ce Watts		Jumam	θ/		
should ad Me mark matic	၉	19a. Informant's Name/Relationship (Typ		19b. Mailin	g Addres	s (Street and		ural Route Numi		or Town	State. Zip (Code)	
od 2 s Ith an 27 is		Mark Bersbach / Hu	·					Glen					
s 1 ar f Hea item other		20a. Method of Disposition		lace of Disposemetery, crem	sition (Na	ame of	Oct	Date 5	20c. Lo	ocation -	City or Tov	n, State	-
Page lent o nt: if		1 ☐ Burial 2 ☐ Cremation 3 ☐ Re 4 ☐ Donation 5 ☐ Other (Specify)	moval nom State	tro Cre			1	2006	Ca	tons	ville	, MD	
mit. partm ports y inju		21. Signature of Funeral Service License		22 K	Name a	ind Address	of Facility	neral H	OME	РΔ.			
89 1 8		Mi Llbang		421				Glen Bu			210	71	
		23a. Part1. Enter the disease, or complic shock, or heart failure. List only	ations that caused the death cause on each line.	. Do not ente	er the mo	de of dying,	such as cardia	c or respiratory	arrest,			Approximate Interval Bet	ween
Physician		Immediate Cause (Final disease or condition	Sepsis									Onset and D	
/Medical Examiner		Due to (or as a consequence of): Mutti organ Jailure											
Zammer		Sequentially list conditions.									-	4 da	ms.
ted	Examiner	if any, leading to immediate cause. Enter Underlying Cause (Disease or injury											
be executed sician and burial-transit	Exal	that initiated events c. resulting in death) Last	Due to (or as a consequ	uence of):							_		
cate be executed obysician and the burial-transit	dical	d.											
tificate ng phys as the	Ped	le service											
eath certifi attending for use as	Physician/Me	230. Was decedent pregnant	 c. If yes, outcome of pregna 1 ☐ Live birth 2 ☐ Fetal 		Ectopic i	pregnancy			1		e of deliver	•	· · · · ·
e dea he at	sici	in the past 12 months? 1 □ Yes 2 □ N o 9 □ Unknown	4☐Pregnant at time of de 9☐Unknown		Other (s					Mor	ntn L)ay ነ	Year
that the de ned by the detached	Phy	Part II. Other significant conditions cont	shuting to death but not soo	ilting in the	ado ab sino n		in Dort I	230 Did	tobaggo	usa saate	ibuto to the	cause of d	footb?
ires ti signe d be c	ğ	Hepatitis C, Gr.		alang ar are ar	idenying	cause givein	II Faiti.				3 ☐ Proba		Jnknown
w require been sig should b	Completed by	Fichalities)	10013										
has ge 2 s	ם							24a. Wa auto peri		B	rior to com leath?	sy findings a pletion of ca	available ause of
in: Th	ပိ	25. Was case referred to medical					C Disease De	1 ☐ Yes	2 12 No	1	□Yes	No	
hysician: The lav his certificate has I director, page 2	To B	examiner?	ospital: 1 Inpatient 2 🗆	ER/Outpatien	t 3 🗆 D	Other		ath <i>(Check only</i> Home 5 ☐ Res		6 □Othe	er (Specific	-	
g Phys er this eral di		27. Manner of Death	28a. Date of Injury (Month, Day Year)	28b. Time of Injury		28c. Injury at Work?		28d. Describe					
endin sath. or: Afr	atlo	1 Matural 5 ☐ Pending 2 ☐ Accident investigation	(Mona, buy rous)	injury	М		s 2 □No						
r Atto	Certification;	3 Suicide 6 Could not be determined	28e. Place of Injury - At he building, etc. (Specify	me, farm, stre	et, facto	ry, office		28f. Location City or To			er or Rural	Route Num	ber.
oital c urs af irai D lled ir		h											
To the Hospital or Attending Physician: The law requires that the death certific within 24 hours after death. To the Funeral Director: After this certificate has been signed by the attending to completely filled in by the funeral director, page 2 should be detached for use as	Medical	29a. Certifier V Certifying Physic (Check only one)	cian: To the best of my kno- er: On the basis of examinal and manner stated.	wledge, death tion and/or inv	occurre estigatio	d at the time, n, in my opin	date and place ion, death occi	e, and due to the urred at the time	cause(s , date an) and mai d place, a	nner as sta and due to	ted. the cause(s	.)
To the To the Comp	Ň	29b. Signature and title of certifier			25	c. License n				-	(Month, E		
) (RIVI	MBBS			RES	- 000)	Sep	temb	er.	29 20	206
3		30. Name and address of person who con				0:-	عمدن ۴	pital o	1 12	atti	MATE		
0		Remilekun. S.	DOSMAN 32 Registrar's Signa	466	>)	>ina	למוץ. י	prim o	7		5 - (· ·	
Sta Registr		31. Date filed (Month, Day, Year)) Jar negistrar s Signa	A STATE OF THE PARTY OF THE PAR	Mesc								

Registrar

Please Type or Print in Black Indelible Ink. Ensure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygien 2006 1 - For State Registrar Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death Physician 3. Time of Death Month Day Year Charles Milton Bayne /Medical SEPTEMBER 23:42 M 29 2006 4a. Facility Name (If not institution, give street and number) Examiner 4b. City, Town, or Location of Death 4c. County of Death SINAI HOSPITAL OF BALTIMORE 7. Age (In yrs. last birthday) If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Day, Year) | Apr. 5, 1921 City 5. Social Security Number 6. Sex **Funeral** 9. Birthplace (State or Foreign Country) MaryLand 217-03-8128 1♥M 2□F Director Usual Residence of Decedent 10a, State 10b. County il Hygiene. other than "natural", or Itama 23a or 28a-f ahow vant, the Madical Examinae must be matified at 10c. City, Town or Location 10d. Inside City Limits Md. Director Baltimore Reisterstown 1 ☐ Yes 2 🛣 No 10e. Street and Number with 10f. Zip Code 10g. Citizen of What Country? 12212 Dover Road Funeral deeth 21136 U.S.A. 12. Was Decedent Ever in U.S. Armed Forces? 1 ∑Xes 2 □ No If Yes, Give Year or Dates: WW I 11. Marital Status 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, filed within 72 hours after 1 Never Married 2 Married Black, White, etc. Maryland 21215-0036 þ WW II 3 ☐ Widowed 4 ☐ Divorced 1 ☐ Yes 2 No Specify: White Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Product Service Manager Black & Decker permit. Pages 1 and 2 should be file Department of Heelth and Mental Hy Importent: If Item 27 is marked oth any injury or other traumatic event QDRs. 17. Father's Name (First, Middle, Last) Be 18. Mother's Name (First, Middle, Maiden Sumame) Charles Thomas Bayne 2 Ruby G. Bayne 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Elizabeth Crehan-Bayne - Wife 12212 Dover Rd., Reisterstown, Md. 21136 Baltimore, 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 1X Burial 2 Cremation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Grace Falls Rd. U.M.Ch.Oct. 4,2006 Reisterstown, Md. 21. Signature of Juneral Service Licensee 22. Name and Address of Facility Eckhardt Funeral Chapel, P.A. 11605 Reisterstown Rd., Owings Mills, 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Md. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) Priysician SEPTIC SHOCK /Medical days Due to (or as a consequence of): Examiner BACTEREMIA Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last 1 week Examiner Due to (or as a consequence of): and I-transit The law requires that the death certificate be executed anding physicien a use as the burial-Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical the attending IF FEMALE 23c. If yes, outcome of pregnancy 1 Live birth 2 Fetal death 23b. Was decedent pregnant ö 23d. Date of delivery in the past 12 months? 3 □Ectopic pregnancy 4☐Pregnant al time of death detached 5 Other (specify) Month Day Year 9 Unknown 9 Unknown ۵ Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. has been signed Completed by 23e. Did tobacco use contribute to the cause of death? RENAL DISEASE 1 ☐ Yes 2 ☐ No 3 € Probably 4 ☐ Unknown CORONARY 24b. Were aulopsy findings available prior to completion of cause of death?

1 ☐ Yes 2 ☑ No autopsy performed? to the Hospital or Attanding Physician: 1 Yes 2 No Be 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Hospital: 1 ☑ Inpatient 2 ☐ ER/Outpatient 2 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) After this 3□ DQA 27. Manner of Death Certification; 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 Natural 5 Pending death. Injury I Diractor: , d in by the f 2 Accident investigation M 1 Tes 2 No 6 Could not be determined 3 ☐ Suicide Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide Within 24 hours e To the Funerel C completely filled hours e t Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medicai (Check only 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) MB35 RES-000 SEPTEMBER 25 2006 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) PRITAM NEUPANE MBRS SINA, HOSPITAL OF BALTIMORE 31. Date filed (Month, Day, Year) State 32 Registrar's Signature

DHMH 17 Rev 1/2001

Registrar

OCT 0 2 2006

Please Type or Print in Black Indelible Ink. Ensure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygien A. O. C.

			1 = For State Registrar	State of M	aryland /	Cen	riment of f	Death		ien e 0 0	6 3 1 0 4 1
*	Physic /Medi		1. Decedent's Name (First, Middle, La Destiny Scota					S	2. Date of Deat ep ^{Month} mb	er ^{pay} 21 2	3. Time of Death 4:20A M
	Examir		4a. Facility Name (If not institution, gir				•	or Location of Death		4c. County of	Death
			Greater Baltin					vson			imore
est 21/3	Funeral Director	Olls		Sex 7. Ag	ge (In yrs. last L	Yrs.	Months Days	If Under 24 Hrs. Hours Min. 1 56	8. Date of Birth (Month, Day, 9/21/06		Birthplace (State or Foreign Country) MD
	/land		10a. State 10b. County		10c. City, To	wn or Loc	ation				10d. Inside City Limits
1	e-fst	ctor	MD Carroll		Mano	chest	er				1 ☐ Yes 2 ĀNo
()	or 28	Olre	10e. Street and Number				10f, Zip Code		1	0g. Citizen of Wh	nat Country?
	ath w	la	1925 Deep Run R				21102			USA	
Maryland 212/5-0036	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Importent: If item 27 is marked other than "natural", or Items 23a or 28e-f show any injury or other traumatic event. It a Medical Examination to intelliged at Angle.	by Funeral Director	11. Marital Status †☑ Never Married 2☐ Married 3☐ Widowed 4☐ Divorced	12. Was Decedent Armed Forces? 1 Yes 27 If Yes, Give Year or Dates:	,		fas Decedent of H Yes, specify Cub	dispanic Origin? (Spe an, Mexican, Puerto I Specify:	cify Yes or No- Rican, etc.)	Black,	- American Indian, White, etc. White
5-0	72 ho natur	eted	15. Decedent's E (Specify only highest gr	ducation ade completed)	16	a. Decede	ent's Usual Occup	pation during most of working	20	16b. Kind of Busi	iness/Industry
7	nithin ne. hen	Completed	Elementary/Secondary (0-12)	College (1-4or	5+)			during most of working)	<i>'</i> 9		
12	ited w lygier ther ti		17. Father's Name (First, Middle, Las	*1		Inf	ant	18. Mother's Name	(First Adjudgle - A	Infant	
and	d be f ental h) Be	Joseph Lynn Ben					Crystal		naiden Sumame)	
$\overline{\Sigma}$	shoul nd Me mark	2	19a. Informant's Name/Relationship		19	b. Mailing	Address (Street	and Number or Rura		City or Town, Si	tate. Zip Code)
	nd 2: alth at 27 is ir trau		Crystal Benedict	- mother				Rd., Manc			
Baltimore,	Pages 1 a nent of He ent: If item ary or othe		20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☐ 14 ☐ Donation 5 ☐ Other (Special Control of Control o	□Removal from State	20b. Place cemet	of Dispos	ition (Name of atory or other pla		ate	20c. Location - C	ity or Town, State
Balti	permit. Departn Importe any inju		21. Signature of Funeral Service Lice	eean				sheral Cha il Dr. Man			
			23a. Pan1. Enter the disease, or con shock, or heart failure. List only	nplications that caused	d the death. Do						Approximate
	Physician /Medical		Immediate Cause (Final disease or condition resulting in death)	a. EXTR			EMATI	DRITY			Onset and Death 2 HOURS
	Examiner	er	Sequentially list conditions, if any, leading to immediate	bDue to (or as	a consequence	e of):					
	ecuted and I-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	c. Due to (or as	a consequence	a of):					
68760,	eath certificate be executed attending physician and for use as the burial-transit	edical E		d	a consequence	e 01).					
Box 6	eath certifi attending p for use as		IF FEMALE: 23b. Was decedent pregnant	23c. If yes, outcome 1⊟Live birth		eh a∏c	Ectopic pregnancy			23d. Date	of delivery
P.O. B	that the deat ed by the atti detached for	Physiclan/N	in the past 12 months? 1 ☐ Yes 2 ◯XNo 9 ☐ Unknown	4☐Pregnant a 9☐Unknown			Other (specify)			Month	n Day Year
ď.	uires that signed b		Part II. Other significant conditions	contributing to death b	ut not resulting	in the und	derlying cause giv	en in Part I.	23e. Did tob	acco use contrib	ute to the cause of death?
ord	v require been sig should b	ed	SEPSIS						1 □ Ye	s 2000 3	Probably 4 Unknown
of Vital Records,	To the Hospitel or Attending Physicien: The law requires that the death certificate be executed within 24 hours after death. To the Funerel Director: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be detached for use as the burial-transit	Completed by							24a. Was ar autops perform 1 \(\text{Yes} \) 2	prio	ere autopsy findings available or to completion of cause of ath? Yes 2 No
/ita	icien: ertific ector.	Be	25. Was case referred to medical examiner?	Hanaitat.			la.	26. Place of Death		The second second second second	
of	Physi this c	2	1 Yes 2 No		ent 2 ER/C		3□ DOA Oth	er: 4 Nursing Hom			
Division	r Attending I er death. rector: Alter by the funer	Certification:	27. Manner of Death 1 Natural 5 Pending 2 Accident investigation 3 Suicide 6 Could not be			Time of Injury		yat k? Yes 2 □ No	8d. Describe ho	w injury occurred	
Divi	tel or At is after d el Direct ed in by	Certifi	4 Homicide determined	200. Place of In	ury - At home, i c. <i>(Specify)</i>	farm, stree	et, factory, office	2	Bf. Location (Str City or Town		or Rural Route Number,
	To the Hospitel or within 24 hours afte To the Funerel Dir completely filled in	Medical	29a. Certifier (Check only one) 1 Certifying Pl	hysician: To the best miner: On the basis o and manner st	l examination a	ge, death o	occurred at the tirestigation, in my o	ne, date and place, a pinion, death occurre	nd due to the ca	use(s) and mann ite and place, and	er as stated. d due to the cause(s)
)	To the To the comp	Σ	29b. Signature and title of certifier Ougeler To	lengo	Phys	iciar	29c. Licens	5 2 2 9 5		9-21-	Month, Day, Year)
0			30. Name and address of person who	completed cause of c) (Type, P	rint)	IARLES STA		Засттмог	RE, MD 21204
	Sta Registr		31. Date filed (Month, Day, Year)	-ah aDogiste	ar's Signature						/ 5 21004
			OCT 0 2 200	and the second	July A	A STATE OF					

DHMH 17 Rev 1/2001

Please Type or Print in Black Indelible Ink State of Maryland / Department of Health and Mental Hygiene

2006 31042

	1- For State Registrar	Certificate	of Death	Reg No.	00 3104
Physician/ Medical Examiner	Decedent's Name (First, Middle,Last)	BUTTS		Date of Death Month Day Year	3. Time of Death 0200 hrs
P. T.	4a. Facility Name (if not institution, give st	reet and number)	4b. City, Town, or Location of Death	September 30, 2006 4c. County of De	
	Baltimore Washington Medic 5. Social Security Number 6. Sex		Glen Burnie If Under 1 Year If Under 24Hrs	Anne Aruno	
Funeral Director	219.90.(_941 1VM	7. Age (In yrs. last birthday)	If Under 1 Year If Under 24Hrs Months Days Hours Min.	7 0 1 1 - 1FO	reign Course ASVLAND
je,	Usual Residence of Decedent				
d how any	10a. State 10b. County	JUDEL COLEN	0		10d Inside City Limits 1 Yes 2 No
the Maryland is or 28a-f show officed at once.	10e. Street and Number	INDEL GLEN	10f. Zip Code	10g. Citizen of What C	Country?
hours after death with the Maryland 'natural', or items 23a or 28a-f sho Examiner must be notified at once ted by Funeral Director	310 CANTER RUR	LCT. 2: Was Decedent Ever in U.S. 13. V	2 (D6) Was Decedent of Hispanic Origin? (Sp	U.S	
er death with t , or items 23a r. must be not Funeral l	1 Never Married 2 Married	Armed Forces?	f Yes, specify Cuban, Mexican, Puerto		nerican Indian, Black,
rs after ural", o miner r	5 VVIdowed 4 Bivorced or	es, Give Year 1 Dates:	Yes 2 No specify dent's Usual Dccupation (Give kind of w	Specify: Cork done 16b, Kind of Busine	SHITE
5-0036 ed within 72 hour lygiene other than "naturithe Medical Exan Completed	Elementary/Secondary (0-12)		most of working life. DO NOT use retir		
215-0036 be filed within 7 ntal Hygiene rked other than ent, the Medica Be Comple	17. Father's Name (First, Middle, Last)	\ L	JELDER 18 Mather's Name	(First, Middle, Maiden Surname)	2TOR
21215-00 und be filed win Mental Hygien marked other c event, the M	MARLIN G. BUT	3	BETTY A	· BATTENFELD	•
e, MD 21215-0036 I and 2 should be filed within 72 hours after death with the Maryland Health and Mental Hygiene item 27 is marked other than "natural", or items 23a or 28a-f.sh. r traumarite event, the Medical Examiner must be notified at once To Be Completed by Funeral Director	19a Informant's Name/Relationship (Type		ling Address (Street and Number or R		ate, Zip Code)
- p = = =	20a Method of Disposition	20b. Place of Disp	CANTERBURY CT-G	Date 20c Location - City	or Town, State
도스일등님	1 Burial 2 Cremation 3 4 Donation 5 Other Specify	Removal from State	• • •	1-06 HANDVER	MD.
Baltimot permit. Page Department Important: injury or ot	21. Signature Funeral Service Linsee	22		me And Cremation Center, P.A.	
Physician	29a. Part I. Enter the disease, or complicate failure. List only one cause on each	tions that caused the death. Do not ente	2601 Mountain Road - er the mode of dying, such as cardiac or	Pasadena MD 21122 r respiratory arrest, shock, or heart	Approximate Interval Between Onset and
/Medical Examiner	Immediate Cause (Final disease a	Narcotic intoxication to (or as a consequence of):			Death
Same of the same o	Sequentially list conditions, b				
mine	if any, leading to immediate Due cause. Enter Underlying Cause	to (or as a consequence of):			
wecuted transit	events resulting in death) Last Due d.	to (or as a consequence of):			2
inal inal	X UNPENDED A	MENDED item#23a,27,28a-	-f,perME,g860, 10/12/0	6 TT	
8760, tiffcate be ex ng physician as the burial in/Medic	22h Mas decodent assessed in the	23c. If yes, outcome of pregnancy	Fetal death 3 Ectopic pregnal	23d Date of deli	very Day Year
by the attendiched for use. Physicia	1 Yes 2 No 9 Unknown	Pregnant at time of death	Other (Specify)		
O. B at the d d by the errached			e underlying cause given in Part I.	23e Did tobacco use contribute	to the cause of death?
Division of Vital Records, P.O. tat or Attending Physician: The law requires that the rs after death. al Director: After this certificate has been signed by led in by the funeral director, page 2 should be detach sartification: To Be Completed by P.			-		Probably 4 Unknown
Records, I The law requires fricate has been sig				autopsy prior performed? death	autopsy findings available to completion of cause of ?
nt: The ritificate tor, pag	25. Was case referred to medical		26. Place of Death (Check of	1 Yes 2 No 1 V	Yes 2 No
f Vital Physician or this certi ral director	examiner? 1 • Yes 2 No	Impatient 2 V ER/Outpatie			her:
on of nating I the street of the street in t	27. Manner of Death 1 Natural 5 Pending	28a. Date of Injury (Month, Day,Year) 28b. Time of	1 Va. 2 Va	28d. Describe how injury occurred	
Division o spiral or Attending tours after death. neral Director: Aft filled in by the fune Certification:	2 Accident Investigation 3 Suicide 6 X Could not be	Fnd 9/30/2006 Fnd 1:0 28e. Place of Injury - At home, farm, st	reet, factory, office building, etc.	28f. Location (Street and Number or	Rural Route Number, City
Di nspital hours a nneral I y filled	4 Homicide determined	(Specify) Found: residence		or Town, State) 310 Cant Slen Burnie, MD	
Division of Vital Records, P.O. Box 6 To the Hospital or Attending Physician: The law requires that the death cer within 24 hours after death. To the Fineral Director: After this certificate has been signed by the attendi completely filled in by the funeral director, page 2 should be detached for use. Medical Certification: To Be Completed by Physicia	(Check only 1 Certifying Physician: one) 2 Medical Examiner: Or	To the best of my knowledge, death occ the basis of examination and/or investig d_manner stated			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	29b Signature and title of certifier	A Common diagonal	29c License number	29d Date signed (
Dend.	Wayne Shel	Kull	O.C.M.E.	September 30	, 2006
~~~~	30. Name and address of person who com Margarita Korell MD. Assis		Penn Street, Baltimore, MD 2	21201	
State	31 Date filed (Montage av Year) 2 200	6 32. Registrar's Signature	ones		

State of Maryland / Department of Health and Mental Hygier 006

1- For State Registrar Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Day **Physician** Eleanor September 30, 2006 Brown 11:04 a^M /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Wilson Health Care Center Montgomery Gaithersburg
If Under 1 Year | If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** 6. Sex 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) 1□M 2፟MF Months Days Hours Min. 213-14-5132 Director 86 May 9, 1920 Maryland Usual Residence of Decedent the Maryland 10a. State 10c. City. Town or Location 10b. County 10d. Inside City Limits or Itams 23a or 28e-f show virer must be notified at 1 ☐ Yes 21 No Directo Maryland | Mongomery Gaithersburg 10e. Street and Number 10f. Zip Code 10g, Citizen of What Country? or Itams 23a or 333 Russell Avenue Apt 218 20877 U.S.A. Funeral 12. Was Decedent Ever in U.S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indian, Black, White, etc. filed within 72 hours after Hygiene.
Hygiene.
https://www.natural.com/tax ∏Yes 2√∑No Yes.Give 1x Never Married 2 ☐ Married Baltimore, Maryland 21215-0036 1 Yes 2 No Specify: traumatic avant, the Mudical Exam þ Specify: 3 Widowed 4 Divorced Year or Dates White Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Elementary/Secondary (0-12) College (1-4or 5+) d 2 should be filed with and Mental Hygier 7 is marked other th 6 Teacher & Librarian Education 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be ages 1 and 2 should be nt of Health and Menta: If itam 27 is marked Louis Edward Brown **Blanche** Tuttle 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Carroll Brown 3900 Falls Run Road Randallstown, MD Brother othar 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 Burial 2 □ Cremation 3 □ Removal from State ŏ permit. Page Department i Important: If any injury or once. ^¹ 4 □ Donation 5 □ Other (Specify) Loudon Park Cemetery 10/4/06 Baltimore, Maryland 22. Name and Address of Facility 11824 Reisterstown Road 21. Signature of Funeral Service Licenses 10 ELINE FUNERAL HOME Reisterstown, MD 21136 23a. Part 1. Entertine disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death neumor Immediate Cause (Final Physician days disease or condition resulting in death) /Medical Du to (or as a consequence of): Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underl, in Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): Examiner -transit The law requires that the death certificate be executed physician and sthe burial-ti Due to (or as a consequence of): Box 68760 Physician/Medical IF FEMALE: 23c. If yes, outcome of pregnancy 23b. Was decedent pregnant in the past 12 months?
1 Yes 2 No 23d. Date of delivery 1 Live birth 2 ☐ Fetal death 3 Ectopic pregnancy Month Year 4☐Pregnant at time of death Day 5 Other (specify) P.0. the 9 Unknown 9 🗌 Unknown þ signed b Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? Division of Vital Records. þ 1 Yes 2 No 3 Probably 4 Unknown Completed peen 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? certificate 2 No 1 ☐ Yes 2 ☐ No 1 Yes or Attending Physician: Be 25. Was case referred to medical examiner? 26. Place of Death Check onl one Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) ٩ 1 🗌 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA After thi 28a. Date of Injury (Month, Day Year) 27. Man r of Death 28b. Time of 28c. Injury at Work? Certification: 28d. Describe how injury occurred Natural 5 Pendina death. 2 Accident investigation 1 ☐ Yes 2 ☐ No Diractor 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) ò 4 - Homicide within 24 hours a To the Funaral [ 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29a. Certifier (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) who completed cause of death (Item 23a) (Type, Print) address of pers Tever 31. Date filed (Month, Day, Year) Registrar's Signature 32 State Registrar OCT 0 2 2006

Рм

Approximate Interval Between Onset and Death

Day

2 No

28f. Location (Street and Number or Rural Route Number, City or Town, State)

TIMONIUM MD

29d. Date signed (Month, Day, Year)

21093

death with the Maryland or 28a-f show must be or iteme 23a treumatic avent, the Medical Examinar filed within 72 hours after Maryland 21215-0036 "natural" Hygiene. marked other and Mental altimore. ŏ Depertment of Important: If any injury or once.

27,

SEPTEMBER

**Physician** 

Examiner

**Funeral** 

Director

/Medical

10a. State

MD

**Physician** /Medical Examiner

The law requires that the death certificate be executed burial-transit Box 68760, use as the jo P.O. I s certificate has been signed by the inector, page 2 should be detached Division of Vital Records, or Attending Physician: : After this certifical funeral director, r after death. the

1 Vatural

2 Accident

3 Suicide

29a. Certifier

Medical

4 Homicide

29b. Signature and atte of certifier

5 Pending investigation

6 Could not be determined

BRADY

Director 16 Scottsdale Court Completed by Funeral 1 Never Married 2 Married 3 ☐ Widowed 4 ☐ Divorced Elementary/Secondary (0-12) 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Robert Brady Catherine Desmond 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Patricia Wright 16 Scottsdale Court; Lutherville, MD 21093 niece 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 D Burial 2 Cremation 3 Removal from State Oak Grove Cemetery 10/2/06 Medford, MA 4 ☐ Donation → Other (Specify) 21. Signature of Funeral Service Lidensee 22. Name and Address of Facility 1050 York Road Ruck Towson Funeral Home Towson, MD 21204 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Immediate Cause (Final disease or condition resulting in death) CEYSBYOVASEE/SY Due to (or as a cone quence of): 1/200 Sequential y list conditions if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of) Examine Due to (or as a consequence of): Physician/Medical IF FEMALE: 23c. If yes, outcome of pregnancy 1 Live birth 2 Fetal death 23d. Date of delivery 23b. Was decedent pregnant 3 Ectopic pregnancy in the past 12 months? 1 ☐ Yes 2 ☐ 60 Month 4 Pregnant at time of death 5 Other (specify) 9 Unknown 9 Unknown Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? Completed by 1 Yes 2 No 3 Probably 4 Niknown 24b. Were autopsy findings available prior to completion of cause of death? autopsy performed? 1 ☐ Yes 2 2400 1 🗌 Yes Be 25. Was case referred to medical 26. Place of Death (Check only one) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 

Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 No Certification: To 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred

filled in by Hospitel within 24 hours of To the State Registrar

EDDIE NAKHUDA, M.D. 2300 DULANEY VALLEY ROAD 31. Date filed (Month, Day, Year) 32. Registrar's Signature 2008 market

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

1 Yes 2 No

Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29c. License number

State of Maryland / Department of Health and Mental Hygiene. For State Registra Reg. No. 2006 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** HAROLD CALVIN September 25 2005 7.15.P.M /Medical Facility Name (If not institution, give street and number) b. City, Town, or Location of Death 4c. County of Death Examiner Mandal 14 Baltimore If Under 1 Year 6. Sex 7. Age (In yrs. last birthday, Birthplace (State or Foreign Country) 8. Date of Birth (Month, Day, Year) **Funeral** Hours 1∏M 2□F 88 Yrs. Director 218-09-1095 Mar 4, 1918 Maryland Usual Residence of Decedent the Maryland al Hygiene. Lother then "natural", or items 23a or 28a-f ehow went, the Medical Examinar must be notified at 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Director 1 ☐ Yes 2 ☐ No MD Baltimore Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 725 Mt. Wilson Lane #127 21208 USA death Funeral 12. Was Decedent Ever in U.S. Amed Forces?

1 (X)Yes 2 □ No If Yes, Give Year or Dates: t40-45 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. Pages 1 and 2 should be filed within 72 hours after 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0036 1 ☐ Yes 2 No þ Specify: White 3 ☐ Widowed 4 X Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 12 0 deli owner self employed 27 ie marked othe traumatic event, 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Max Cohen Flora Rosa 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) f Health ftem 27 i Martin Resnick/nephew 11111 Verndant Court Owings Mills, MD 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) Date 20c. Location - City or Town, State 0 = 1 Burial 2 Cremation 3 Removal from State Department of important: if any injury or once. 4 ∑Donation 5 ☐ Other (Specify) 21. Signature of Juneral Service icensee Ronald Way ²². Name and Address of Facility State Anatomy Board 655 W. Baltimore Street Director enny Baltimore, MD 21201 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) Physician EREBROVASCULAR DISEASE /Medical Due to (or as a consequence of): Examiner THEROSCLEROSIS Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): The law requires that the death certificate be executed ettending physicien and for use as the burial-transit Exam Due to (or as a consequence of) P.O. Box 68760. Physician/Medical IF FEMALE: 23c. If yes, outcome of pregnancy 1 ☐ Live birth 2 ☐ Fetal death 23b. Was decedent pregnant in the past 12 months?
1 ☐ Yes 2 ☐ No 23d. Date of delivery 3 Ectopic pregnancy Month Day Year 4□Pregnant at time of death signed by the e 5 Other (specify) 9 Unknown 9 Unknown Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? Division of Vital Records. Completed by FIBRILLATION COMMUNITY ACCO-1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown PNEVMONIA EMPYEMA 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death?

1 □ Yes 2 □ No page 2 s certificate ARTURY DISGASE 1 ☐ Yes 2 No director, 25. Was case referred to medical examiner? Be 26. Place of Death | Check only one) Hospital: 1 Impatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) Medical Certification; To I 1 ☐ Yes 2 ☐ 1√0 this After thi funeral 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28b. Time of 28d. Describe how injury occurred 1 Natural 5 Pending investigation Injury after death. 1 ☐ Yes 2 ☐ No 2 Accident filled in by the 3 Suicide 6 Could not be 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) within 24 hours after of To the Funerel Direct completely filled in by 4 Homicide 6 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Exeminer: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier To the ! 29d. Date signed (Month, Day, Year)
September 25 29b. Signature and title of certifier 29c. License number Rangaragay 1)54288 2006 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) west trypited courts 31. Date filed (Month, Day, Year) 32. Registrar's Signature State Registrar OCT 0 2 2006

State of Maryland / Department of Health and Mental Hygieney 1 - For State Registrar 31046 Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death Day **Physician** Year 2006 9:05 PM 12 Baby Girl Castro otember /Medical 4a. Facility Name (If not institution, give street and number) Examiner 4c. County of Death Johns Hopkins Baynew Medical Center Baltimore If Under 1 Year If Under 24 Hrs.

Months Days Hours Min. 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) **Funeral**  Birthplace (State or Foreign Country) 1 ☐ M 2 🛛 F Director none Sept 9, 2006 Maryland Usuat Residence of Decedent 10b. County 10a. State 10c. City, Town or Location or than "natural", or Items 23e or 28e-f ehow the Medical Examiner must be notified at 10d. Inside City Limits Director MD 1√2 Yes 2 No Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1908 Eastern Avenue 21231 USA Funeral 12. Was Decedent Ever in U.S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Bace - American Indian Black, White, etc. 72 hours after 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 1 Never Married 2 ☐ Married Baltimore, Maryland 21215-0036 1 ☐ Yes 2 ☑ No þ Specify 3 ☐ Widowed 4 ☐ Divorced white Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry permit. Pages 1 end 2 should be filed within 7; Department of Heelih and Mentel Hyglene. Importent: If Item 27 is marked other than "na any injury or other traumatic event, the Madic 2006. Elementary/Secondary (0-12) College (1-4or 5+) none none none unk 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Ernestina Castro 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Johns Hopkins Bayview Med Ctr 4940 Eastern Avenue Baltimore, MD 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 □ Donation 5 ♥ Other (Specify) in state 21. Signature Funeral Survice Licensee State Anatomy Board 655 W. Baltimore Street ector 23a. Part Lenter the disease, or complications that caused the death: Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. 1612 Wilkens Avenue Baltimore, MD 21201 Approximate Interval Between Onset and Death tmmediate Cause (Final disease or condition resulting in death) **Physician** Intracranial Pressure Increased 24 hours /Medical Examiner Intraventneular Hemorrhage Sequentially tist conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Examiner Due to (or as a consequence of): transit Attending Physicien: The law requires that the death certificate be executed Extreme 3 days physician and is the burial-tran Due to (or as a consequence of): P.O. Box 68760, Completed by Physician/Medical use as the attending for use as 23c. If yes, outcome of pregnancy
1 ☐ Live birth 2 ☐ Fetal death 23b. Was decedent pregnant in the past 12 months?
1 ☐ Yes 2 ☐ No 23d. Date of delivery 3 Ectopic pregnancy Year 4☐Pregnant at time of death Day 5 Other (specify) been signed by the should be detached 9 Unknown 9 Unknown Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? Division of Vital Records, syndionic. distress 1 🗌 Yes 2 X No 3 Probably 4 Unknown Thrombockstopenia. Metabolic Acidosis, 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? , hypotension hypertention certificate 2 🗌 No director, 25. Was case referred to medical examiner? Certification; To Be 26. Place of Death (Check only one) Hospitat: 1 Sepatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 No this After thi 27. Manner of Death 28c. Injury at Work? 28b. Time of 28d. Describe how injury occurred 1 Natural 5 Pending investigation Injury To the Hospitel or Attendir within 24 hours efter death.
To the Funeral Director; Af completely filled in by the fu death. 1 ☐ Yes 2 ☐ No 2 Accident 3 🗌 Suicide 6 Could not be determined Ptace of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical 29b. Signature and title of certifier 29d. Date signed (Month, Day, Year) n Boy Man MD Caur D 60780 September 12, 2006 Bohns Hopkins Bayview Med. Center 4940 Eastern Ave Baltimore MD 21224 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Carolyn Boylan, MD 31. Date filed (Month, Day, Year) State OCT 0 2 2006 Registrar

			State of Maryland / Department of Health  1- State Amend Item 23a, 25, 27, 28a-f per ME, C859, 09/2  5, 10e, f per FH	and Mental Hygier <b>9/06dh</b> b Reg. 1	ne2006 31047
	Physici		1. Decedent's Name (First, Middle, Last)  RAPRY R. CLARK	2. Date of Death Month	Day Year G. 38 mm
	/Medic Examir		4a. Facility Name (If not institution, give street and number)  4b. City, Town, or Location  Box 1 + ir	on of Death	4c. County of Death
H	Funeral		5. 216 Sec 1006 6. Sex. 7. Age (In yrs. last birthday) If Under 1 Year If Under Months   Days   Hours	er 24 Hrs. 8. Date of Birth	9. Birthplace (State or Foreign Country)
	Director		Usual Residence of Decedent	OCT. 14,1	962 MARYLAND
	Marylar -f ehow	tor	10a. State 10b. County 10c. City, Town or Location	THORE CIT	10d. Inside City Limits 1 □ Yes 2 □ No
	with the Maryland a or 28a-f ehow	Funeral Directo	10e. Street 10f. Zip Code 21	L223 10g.	Citizen of What Country?
	death	nerai	11. Marital Status  12. Was Decedent Ever in U.S. Armed Forces?  13. Was Decedent of Hispanic C If Yes, specify Cuban, Mexic	Origin? (Specify Yes or No-	14. Race - American Indian, Black, White, etc.
5-0036	hours after tural', or Ite	by	1 Never Married 2 Married 1 Tes 2 No II Yes, Give 1 Yes, Control Year or Dates:		Specify: BIACIL
	n 72 ho "natur edical	Completed	15. Decedent's Education (Specify only highest grade completed)  [Give kind of work done during models of the complete of the	ost of working	. Kind of Business/Industry
2121	ed within ygiene. ner than "	Comp	10 THGRADE CONSTRUCTION	WORKER C	ONSTRUCTION COMPANY
Maryland	s 1 and 2 should be filed within 72 hours after death with the Marylan if Health and Mental Hygiene 14 them 23 is marked a Utylen 14 them 23 is marked other than "natural", or Items 23 or 28s-f show other traumatic event, the Medical Examinar must be notified at	To Be	17. Father's Name (First, Middle, Last)  GEORGE  CLARK SR. Ro	ther's Name (First, Middle, Maid UPSV	en Sumame)
Mary	d 2 shouth and N 7 Is ma		19a. Informant's Name/Relationship ( <i>Type, Print</i> )  19b. Mailing Address ( <i>Street and Num</i>	nber or Rural Route Number, City	y or Town, State, Zip Code)
	iges 1 and 2 it of Health If item 27 i		20a. Method of Disposition  128 Burial 2 Cremation 3 Removal from State  20b. Place of Disposition (Name of cemetery, crematory or other place)	Date Oc.	Location - City or Town, State
Baltimore	t. Pa ntmer ntant:		4 □ Donation 5 □ Other (Specify)  21. Signature of Funeral Service Licensee  22. Name and Address of Factors and		PALTO, HD.
ä	Depa Impo eny Ir		Withich N. Williams 3945 B. F.	LTON AVE., E	BALTO, MD. 21217
	Physician		23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such a shock, or heart failure. List only one cause on each line.  Immediate Cause (Final disease or condition  Aspiration	of Food Bolus	Approximate Interval Between Onset and Death
A Alle	/Medical Examiner		resulting in death)  Due to (or as a consequence of):		
	sit sit	iner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	0 M. //	TAL EXAMINER
0,	ficate be executed physicien and s the burial-transit	Examiner	that initiated events c. Due to (or as a consequence of):	ERTIFICATION APPROVED BY MEDI	DAL DISC
		edical	d	,	
Вох	leath certif ettending I for use as		IF FEMALE:  23b. Was decedent pregnant in the past 12 months?  23c. If yes, outcome of pregnancy  1 □ Live birth 2 □ Fetal death 3 □ Ectopic pregnancy		23d. Date of delivery  Month Day Year
P.O.	res that the death cer Igned by the ettendin be deteched for use	Physician/M	1 Yes 2 100 4 Pregnant at time of death 5 Other (specify) 9 Unknown		
ds, I	The law requires that the death certiste has been signed by the ettending tage 2 should be deteched for use a	É	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part	t I. 23e. Did tobacci	o use contribute to the cause of death? 2 □ No 3 □ Probably 4 ☑ Winknown
of Vital Records,	has been signed should be	Completed		24a. Was an autopsy	24b. Were autopsy findings available prior to completion of cause of
tal R		0	25. Was case referred to medical 26 Place	performed?  1 Yes 2 4  ce of Death (Check only one)	death?
of Vi	> 00	To B	1 Types Hospital: 1 Inpatient 2 Type/Outpatient 3 DOA Other: 4 N	Nursing Home 5 Residence	
	Attending ir death. ector: After by the funer	ation	1 □ Pending (Month, Day Year)   Injury   Work? 2 ■ Accident   investigation   08/17/2006   6:15 p M		spirated bolus of
	after de Directe d in by ti	Certification:	3 Suicide 4 Homicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) Nursing home	281 Location (Street City or Jown, Sta 1217 West	and Number or Rural Route Number, ate) Fayette St.
	To the Hospital or Attending Phinting Phymerical At hours after death.  To the Funerel Director: After this completely filled in by the funeral in the funer	Medicai C	29a. Certifier (Check only   Medical Examiner: On the basis of examination and/or investigation, in my opinion, de	Baltimore,	(s) and manner as stated
0	To the To the complet	Med	29b. Signature and title of certifier  29c. License number		Date signed (Month, Day, Year)
	1)		30. Name and address of person who completed cause undeath (Item 23a) (Type, Print)	717	121/06
(	9		82/N Centow Stout Stute 3	12 Bolli	mole (1) 2/20/
	Sta Registr		31. Date filed (Month, Day, Year) SFP 2 9 2006 32. Registrar's Signature		135.11.11.11

Please Type or Print in Black Indelible Ink. Ensure All Copies Are Legible.
AMEND ITEM#2, perPHYS., #19b, perFH, G860, 10/2/06 WS
State of Maryland / Department of Health and Mental Hygiene 0 6 1 - State Registrar Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Month 09-22-06 3. Time of Death **Physician** Year ARK /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of ALTIMORE

If Under 1 Year If Under 24 Hrs. 8. Date of Birth Month Day, y

Abouths Days Hours Min. 7AN, 13 4b. City, Town, or Location of Death 4c. County of Death Examiner HARFORD GARDENS NURSING HOME N/A Funeral 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) 220-18-6216 1 M 2 F Yrs. Director VIRGIN Usual Residence of Decedent 10a State 10b County 10c. City, Town or Location 10d. Inside City Limits or 28a-f show notified at Director 1 Yes 2 No MARYLAND 10e. Street and Number log, Citizen of What Country? traumatic event, the Medical Examinar must be 1915 itema 23a TELD Funeral 14. Race - American Indian, Black, White, etc. 12. Was Decedent Ever in U.S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status Pages 1 and 2 should be filed within 72 hours after 1 Yes 2 No If Yes, Give Year or Dates: 1 ☐ Never Married 2 Married Baltimore, Maryland 21215-0036 ò 1 ☐ Yes 2 No þ Specify: 3 ☐ Widowed 4 ☐ Divorced BLACK 'natural', Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) and Mental Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) 10TH GRADE OMEMAKER OWN 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be 2 JO HN 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) Department of Health a Important: If item 27 is eny injury or other tra-EDWARD CLARK MD. 2/239 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 Burial 2 Cremation 3 Removal from State RBUTUS CEMETERY O 4 Donation 5 Other (Specify) 21. Sign work of Furieral Service Licensee 22. Name and Address of acility SEPH H. BROWN AVE. 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) **Physician** ATHEROSCLERATIC CARDIDVACCULAR DISERTE /Medical Due to (or as a consequence of): Examiner if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events Examiner Due to (or as a consequence of): The law requires that the death certificate be executed inding physician and use as the burial-transit resulting in death) Last Due to (or as a consequence of) P.O. Box 68760. Physician/Medical IF FEMALE: 23c. If yes, outcome of pregnancy
1 Live birth 2 Fetal death 23b. Was decedent pregnant in the past 12 months?
1 □ Yes 2 ☑ No 23d. Date of delivery atter for u 3 □Ectopic pregnancy Month Day 4☐Pregnant at time of death 5 ☐ Other (specify) been signed by the a should be detached 9 Unknown 9 Unknown Part II. Dther significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? Division of Vital Records. Completed by DEMENTIA 2 No 1 ☐ Yes 3 Probably 4 Unknown 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? page 2 s certificate 1 ☐ Yes 2 ☐ No 1 Yes 2 **□ 1**√0 or Attending Physician: 25. Was case referred to medical examiner?
1 ☐ Yes 2 ☑ No director Certification: To Be 26. Place of Death Check only one Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) this After thi 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28c. Injury at Work? 28b. Time of 28d. Describe how injury occurred Natural 5 Pending investigation Injury within 24 hours after death. To the Funeral Director: A 1 ☐ Yes 2 ☐ No 2 Accident filled in by the 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide the Hospital 29a. Certifier Medical c mpletely ogle) 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) MN SEPTEMBER 28, 2006

State Registrar 31. Date filed (Month, Day, Year) OCT 0 2 2006

PANKAJ KHETERPAL

BACK KIVER 201 32. Registrar's Signature

eted cause of death (Item 23a) (Type, Print)

D0060280

Necu

RD # 109 - BALTIMORE

**ORIGINAL** 

Patient known as Mae Cheatham Baltimore, Maryland 21215-0036 Please Type or Print in Black Indelible Ink. Ensure All Copies Are Legible.

State of Maryland / Department of Health and I	Mental	Hygiene2	n	n	
O-villanta of Dank		, 9.01.02	U	U	U

	1 - State of Ma Registrar	ryland / Depart <i>Certi</i> i	ment of Health and ficate of Death		giene 006	31049
Physician /Medical	Decedent's Name (First, Middle, Last)     MAE F			2. Date of Dear Month Sep+		3. Time of Death  15- 45 M
Examiner	JIII DI	Homore	b. City, Town, or Location of Deat  Balhowe  f Under 1 Year   If Under 24 Hrs	city	4c. County of Deatl	
Funeral Director	218-14-7915 1 M 2 F 94 Usual Residence of Decedent	, N	Months Days Hours Min.	8. Date of Birth (Month, Day, 11-25-	(, Year) 9. Birti 1911	nplace (State or Foreign untry) VA
death with the Maryland me 23s or 28s-1 show trust be notified at need Director	10a. State 10b. County MD	10c. City, Town or Locat BALTIMO				10d. Inside City Limits 1
with the as or 28	10e. Street and Number		10f. Zip Code	1	0g. Citizen of What Co	untry?
permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylan Department of Health and Mental Hygiene. Department of Health and Mental Hygiene. Important: If them 27 is marked other than "naturel; or itame 23a or 28a-f show eny injury or other traumatic event, the Macital Examinat must be notified at once.  To Be Completed by Funeral Director	4602 LAWNPARK ROAD  11. Marital Status  1 ☑ Never Married 2 ☐ Married  3 ☐ Widowed 4 ☐ Divorced  12. Was Decedent Evarred Forces?  1 ☐ Yes 2 ☑ No. If Yes, Give ¾ Year or Dates:	ver in U.S. 13. Was If Yo	21229 s Decedent of Hispanic Origin? (Ses, specify Cuban, Mexican, Puer  ) Yes 2X No Specify:	pecify Yes or No- to Rican, etc.)	USA  14. Race - Amel Black, White Specify: BT	
ed within 72 hot ygiene. her than "nature it, ine wedca E	15. Decedent's Education (Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4or 5+	16a. Deceden (Give kırı life. DO	t's Usual Occupation d of work done during most of wo NOT use retired)	rking	16b. Kind of Business/I	ndustry
Mental Hygie arked other t atic event, III	10 17. Father's Name (First, Middle, Last) JOSEPH CHEATHAM	CHILD		ne (First, Middle, I	,	<u> </u>
27 is mark r traumati	19a Informant's Name/Relationship (Type, Print) Fannie Mae Allen/daughter		Address (Street and Number or Ru	ıral Route Number	, City or Town, State, Z	
ent of Hea nt: # item ry or othe	20a. Method of Disposition  ↑↑ Burial 2 □ Cremation 3 □ Removal from State 4 □ Donation 5 □ Other (Specify)	20b. Place of Disposition commetery, cremate ARBUTUS M	on (Name of ory or other place)	Date	20c. Location - City or T	Town, State
Departm Importa eny inju	21. Signature of Euneral Service Licensee	22. N		AMES A. M	ORTON & SOI	NS F.H., INC
physicien and ph	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events c.	he death. Do not enter to b.				Approximate Interval Between Onset and Death
ed by the attending p detached for use as Physician/Mec	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 □ Yes 2 □ No 9 □ Unknown  23c. If yes, outcome of 1 □ Live birth 2 4 □ Pregnant at tire 9 □ Unknown	Fetal death 3 Ect	topic pregnancy ther (specify)		23d. Date of delin Month	very Day Year
b g	Part II. Other significant conditions contributing to death but		rlying cause given in Part I.		pacco use contribute to es 2 ☑ No 3 ☐ Pro	
cate hes been single page 2 should	Diabetes Mellitu	1		24a. Was an autops perform	ned death?	opsy findings available ompletion of cause of
his certifi director	25. Was case referred to medical examiner?  1   Yes 2   No	Year) 28b. Time of Injury	3 DOA Other: 4 Nursing H		e)  nce 6  Other (Special Control Cont	ify)
To the hospite of Attenting Pitting of the hospite of the Functs after death.  To the Functs Director: After tompletely filled in by the functs  Medical Certification;	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined 28e. Place of Injury building, etc.	y - At home, farm, street.		28f. Location (Sti City or Town	reet and Number or Rui n, State)	ral Route Number,
within 24 hours To the Funeral completely filled	29a. Certifier (Check only one)  1 Certifying Physician: To the best of 2 Medical Examiner: On the basis of e and manner state	examination and/or invest	ligation, in my opinion, death occu	, and due to the ca rred at the time, da	ause(s) and manner as ate and place, and due	stated. to the cause(s)
To	29b. Signature and title of certifier  Brothe Sugre, D	0,0,	29c. License number ReS-00	0	9d. Date signed (Month, Sept. 25;	
4	30. Name and address of person who completed cause of dea Brooke Sliger, DO Sino	ath (Item 23a) (Type, Prin	Res-00	re		
State Registrar	31. Date filed (Month, Day, Year) 32. Registrar	s Signature	selle			

			1 - For Stete Registrar	State of Maryland /	Certificate of Death	Mental Hygie Reg.	ZUUD	31050
	Physici /Medi		1. Decedent's Name (First, Middle, La	in I		2. Date of Death Month	Day Year	3. Time of Death
	Examir Funeral		4a. Fecility Name (If not institution, give Balant Re Wash ?  5. Social Security Number 6.5	re street and number)		lrs. 8. Date of Birth (Month, Day, Ye	4c. County of Death  Y Y L  ar)  9. Birthpl County	Armil & lace (State or Foreign try)
	Director		217-07-8800  Usual Residence of Decedent  10a. State 10b. County		wn or Location	1-28-1	3 MAI	RYLAND
	tiled within 72 hours after death with the Maryland Hygiene. Hygiene then "naturel", or iteme 23e or 28e-f ehow ent, the Macifical Examiner must be inclified at	ctor	MD	Be	LTIMORE		10	od. Inside City Limits  1 ☑ Yes 2 ☐ No
	with the	i Director	10e. Street and Number * 1932 GRINNAL	DC ALE	10f. Zip Code 2\230		Citizen of What Coun	•
	er death	Funerail	11. Marital Status	12. Was Decedent Ever in U.S. Armed Forces?	13. Was Decedent of Hispanic Origin? If Yes, specify Cuban, Mexican, Pu		14. Race - America Black, White, e	an Indian,
036	ours after	<b>₽</b>	1 Never Married 2 Married 3 Widowed 4 Divorced	1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates:	1 ☐ Yes 2 ☑ No Specify:		Consider 1	ITE
21215-0036	hin 72 hours a. "naturel", Madical Exp	Completed	15. Decedent's E (Specify only highest gra Elementary/Secondary (0-12)	ducation ade completed)  College (1-4or 5+)	<ul> <li>Decedent's Usual Occupation (Give kind of work done during most of ville. DO NOT use retired)</li> </ul>	vorking 16b	. Kind of Business/Ind	lustry
	be filed within tal Hygiene.	Com	17. Father's Name (First, Middle, Last		SEAMSTRESS 18. Mother's N	lame (First, Middle, Maid	LOTHING Sumame)	MFG.
Maryland	2 should be and Mental ie marked c	To Be	ALBERINI DIE	STEFANO	CARO	LINA Pin	Li	
		6 8	19a. Informant's Name/Relationship (	Type, Print) 19 PHTER-IN-LAW 6	b. Mailing Address (Street and Number or	Rural Route Number, Cit	y or Town, State, Zip	Code)
nore	ages 1 and of He t: If item		20a. Method of Disposition  1  Burial 2 Cremation 3  4  Donation 5 Other (Specif	Removal from State	of Disposition (Name of ery, crematory or other place)	Date 20c	Location - City or Tox	
Baltimore.	permit. Pages Department of h importent: if ite eny injury or of		21. Signature of Strvice Con	FINE	22. Name and Address f Facility Daugherty Family Funera	I Home And Crematio	n Center PA	10
	45244		23a. Part1. Enter the disease, or conshock, or heart failure. List only	plications that caused the death. Do		ad - Pasadena, MD.		Approximate Interval Between
	Physician /Medical		Immediate Cause (Final disease or condition resulting in death)	Pnenn	1 4			Onset and Death
	Examiner		Sequentially list conditions,	b. Due (or as a consequence	strue Hear	7 fors	)ml	
Elm	cuted	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	Due to (or as a consequence	ent to be			
20 K 68760.	ifficate be executed g physicien and as the burial-transit	al Ex	resulting in death) Last	Due to (or as a consequence	e of):			
		/Medical	IF FEMALE:	222 House outcome of second				
		by Physician/M	23b. Was decedent pregnant in the past 12 months? 1 ☐ Yes 2 € No 9 ☐ Unknown	23c. If yes, outcome of pregnancy 1 ☐ Live birth 2 ☐ Fetal deat 4 ☐ Pregnant at time of death 9 ☐ Unknown	h 3 Ectopic pregnancy 5 Other (specify)		23d. Date of deliver Month	y Day Year
S. P.	res that the di igned by the be detached	by Ph	Part II. Other significant conditions of	contributing to death but not resulting	in the underlying cause given in Part I.	23e. Did tobacc	o use contribute to the	e cause of death?
Cords	w require been si should b	ieted					2 No 3 Proba	
I Re		Completed				24a. Was an autopsy performed	prior to com death?	sy findings available pletion of cause of
خ چig ر	ysician: is certifica director, p	To Be	25. Was case referred to medical examiner?  1  Yes  2 No	Hospital: √ Inpatient 2 ☐ ER/O	Oth	eath <i>Check only one</i> Home 5 Residence	6 Other (Specific	
(N) P	ਦੂ ਦੂ ਛੂ		27. Manner of Death 1 ☐ Natural 5 ☐ Pending	28a. Date of Injury (Month, Day Year) 28b.	Time of linjury at Work?	28d. Describe how in		
Division	- 2	Certification;	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	e Geo Blace of Initial At home 4		28f. Location (Street City or Town, St	and Number or Rural	Route Number,
	To the Hospital continues of the Fourseit To the Funerei Discompletely filled in		29a. Certifier Certifying Ph	nysician: To the best of my knowledge	ge, death occurred at the time, date and pla nd/or investigation, in my opinion, death oc	ce, and due to the cause	(s) and manner as sta	ited.
	To the Hospital within 24 hours or To the Funerel completely filled	Medical	29b. Signature and title of certifier	and manner stated.	29c. License number		and place, and due to	
	- > - 0		1-80	, mu	DH8006	09	128/21	006
50	V		30. Name and address of person who ROF1 BD17	completed cause of death (Item 23a)	(Type, Print) Dr.	-, (m) en	Bun	and, mi
	Sto	to	31. Date filed (Month, Day, Year)	32: Registrar's Signature	J			

Registrar

(Month, Day, Year)

OCT 0 2 2006

32 Registrar's Signature

State of Maryland / Department of Health and Mental Hygien 2006 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Day Physician Month Ruth Μ. Cain September 26,2006 8:45PM /Medical 4a. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner FutureCare Cherrywood Reisterstown
Under 1 Year | If Under 24 Hrs. |
Inths | Days | Hours | Min. Baltimore 8. Date of Birth (Month, Day, Year) April 9,1934 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) 5. Social Security Number **Funeral** Months 1 ☐ M 2 🔀 F 215-30-6513 72 Yrs Director MD Usual Residence of Decedent death with the Maryland 10d. Inside City Limits 10c. City, Town or Location 10a. State 10b. County Mode ir than "netural", or iteme 23s or 28e-f ebovitie Wedical Examiner count by notified at 1 ☐ Yes 2√☐ No **Funeral Director** MD Owings Mills Baltimore 10e Street and Number 10f. Zip Code 10g. Citizen of What Country? 401 Hammershire Road 21117 USA 14. Race - American Indian, Black, White, etc. 12. Was Decedent Ever in U.S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) filed within 72 hours after 1 ☐ Yes 2 ☐ No If Yes, Give X Year or Dates: 1 Never Married 2 Married Maryland 21215-0036 1 ☐ Yes 2 🗓 No Specify þ Specify 3 Widowed 4 NDivorced White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Il Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) 12 Martin's Catering Wedding Planner of Health and Mental Hygie If item 27 is marked other to other treumatic event, In 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) rmit. Pages 1 and 2 should be filt partment of Health and Mental Hyportent: If item 27 is marked oth y injury or other treumatic event Be Raphael Tabeling Margaret Morrow 19a, Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 401 Hammershire Road, Owings Mills, MD 21117 Vicki White Daughter Baltimore. 20b. Place of Disposition (Name of cemetery, crematory or other place) Date 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 Dremation 3 Removal from State Carroll Cremation 4 □ Donation 5 □ Other (Specify) 9/28/06 Hampstead, MD 21. Signature of Funeral Service Licens Departiment eny inj 22. Name and Address of Facility 11824 Reisterstown Road ann Eline Funeral Home Reisterstown, MD 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each lige: Approximate Interval Between Opset and Death Opset and Death tmmediate Cause (Final disease or condition resulting in death) Physician /Medical Due to (or as a consequence of): Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of) Examiner or Attending Physician: The law requires that the death certificate be executed for use as the burial-transit Due to (or as a consequence of): physician Box 68760 Physician/Medical IF FEMALE: 23c. If yes, outcome of pregnancy 1 ☐ Live birth 2 ☐ Fetal death 23b. Was decedent pregnant in the past 12 menths?
1 Yes 2 No 23d. Date of delivery 3 Ectopic pregnancy Month Dav Year 4 Pregnant at time of death 5 Other (specify) P.O. be detached 9 Unknown 9 Unknown outing to death but not resulting in the underlying cause given in Part I. Part II. Other significant condition 23e. Did tobacco use contribute to the cause of death? Records, þ 3 ☐ Probably 4 ☐ Unknown 1 Yes Be Completed 24b. Were autopsy findings available prior to completion of cause of death?
1 ☐ Yes 2 ☐ No 24a. Was an 20 No 1 Yes Division of Vital after death.

Director: After this certification by the funeral director, 25. Was case referred to edical examiner? 26. Place of Death (Check only one, Other: 4 ursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA Certification: To 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 12 Natural Injury 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be determined 3 Suicide Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) filled in by 4 🗌 Homicide To the Hospital within 24 hours a 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medicai 29a. Certifier 29b. Signature and title of certifier 29d. Date signed (Month, Day, Year) completed cause of death (Item 23a) (Type, Print) 30. Name at d.address of person 32. Registrar's Signature 31. Date filed (Month, Day, Year) State OCT 0 2 2006 Registrar

State of Maryland / Department of Health and Mental Hygiene 006 31052 Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Physician Day Helen 4:30 A M Czyryca September 27. /Medical 2006 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Meridian Nursing Ctr. at Franklin Woods Rosedale Baltimore 5. Social Security Number 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs.

Months Days Hours Min. **Funeral** 8. Date of Birth (Month, Dey, Year) Birthplace (State or Foreign Country) 1 M 2 TF Director 218-01-3276 89 Nov. 15,1916 Maryland Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location or 28a-f show 10d. Inside City Limits traumatic event, the Medical Examiner must be notified at 1 Yes 2 No Director Maryland Baltimore Dundalk 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 238 103 Center Place Apt. 301 21222 Funerai United States filed within 72 hours after death 12. Was Decedent Ever in U.S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status 14. Race - American Indian. Black, White, etc. 1 □ Yes 2 ☑ No If Yes, Give Year or Dates: 1 Never Married 2 Married Baltimore, Maryland 21215-0036 0 1 ☐ Yes 2 ☑ No Specify: þ Specify: 3 ₩Widowed 4 Divorced "natural', White Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry al Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) 10 Years Homemaker Own Home 17. Father's Name (First, Middle, Last) Pages 1 and 2 should be fill ment of Health and Mental H lant: If item 27 Is marked other Be 18. Mother's Name (First, Middle, Maiden Sumame) Anthony Broczkowski Frances Lewandowska 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Wanda Connors (Daughter) 5828 N. Hazelwood Ave. Baltimore, Maryland 21206 other 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 5 1X Burial 2 □ Cremation 3 □ Removal from State permit. Page Department of Important: If any injury or QDGE. * 4 □ Donation ) 5 □ Other (Specify) Moly Rosary Cem. 9/29/2006 Baltimore, Maryland 21. Signature of Juneral Service License 22. Name and Address of Facility
Duda-Ruck Funeral Home of Dundalk,
7922 Wise Ave. Dundalk, Maryland 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) **Physician** ATHEROSCLEROTIC HE ART DISEASE /Medical Due to (or as a consequence of): Examiner HYPERTENSION Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Examiner Dus to (c. as a consequence of) The law requires that the death certificate be executed burial-transit Due to (or as a consequence of) Box 68760, Physician/Medical the IF FEMALE: 23c. If yes, outcome of pregnancy 1□Live birth 2□Fetal death 23b. Was decedent pregnant 23d. Date of delivery 3 Ectopic pregnancy in the past 12 months? 1 ☐ Yes 2 ☑ No Month Year 4☐ Pregnant at time of death Day 5 Other (specify) detached Ö Records, P. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? þ DEMEN TIA 2 No Completed 1 Tes 3 Probably 4 Unknown been BLADDER 24b. Were autopsy findings available prior to completion of cause of death? autopsy certificate Division of Vital 2 No To the Hospital or Attending Physician: 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: 1 Inpatient 2 EP/Outpatient 3 DOA Other: 1 ☐ Yes 2 No မ 4 Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) this After thi 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? Certification: 28d. Describe how injury occurred Natural 5 Pending death. investigation 1 Tes 2 No 2 Accident Director: 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 / Homicide within 24 hours a

To the Funeral to
completely filled Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical 29b. Signature and title of certifier 29d. Date sigged (Month, Day, Year) D4000 8 aistal 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) FRANKLIN SQUARE PARSHALO 1105 31. Date filed (Month, Day, Year) 32: Registrar's Signature State OCT 0 2 2006 Registrar

State of Maryland / Department of Health and Mental Hygiene 31053 1 - For State Registrar Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month Year Physician EDWARD 001 14:28# CARIER 06 /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner SAMARITAN HOSPITAL NIA BAUTIMORE 7. Age (In yrs. last birthday) Under 1 Year If Under 24 Hrs. 5. Social Security Number 8. Date of Birth (Month, Day, Year) 09-29-1930 6. Se Birthplace (State or Foreign Country) **Funeral** 220-24-4563 Hours Days 75 MARYLAND Director Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits or 28a-1 show Item 27 is marked other then "natural", or items 23s or 28s-1 sho other trsumatic event, the Nectical Examinar must be contined at BAUTIMORE 1 Yes 2 □ No Completed by Funeral Director MD 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 5220 YORK ROAD 21212 U.S.A 12. Was Decedent Ever in U.S. Armed Forces? 1 Mes 2 □ No tf Yes, Give Year or Dates: 1954 Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, 11. Marital Status permit. Pages 1 and 2 should be filed within 72 hours after c Department of Health and Mental Hygiene. Important: If Item 27 is marked other then "natural, or item any Injury or other traumatic event, the Mental or other traumatic event. Black, White, etc 1 Never Married 2 Married Specify: BLACK 1 ☐ Yes 2 No Specify: 3 ☐ Widowed 4 Divorced 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) PRIVATE Elementary/Secondary (0-12) College (1-4or 5+) TRUCK DRIVER 18. Mother's Name (First, Middle, Maiden Surname) 17. Father's Name (First, Middle, Last) Be CARTER KATIE BANKS JAMES 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Shirley CARTER (SISTER) 515 DAKLAND AVE. BALTIMORE, MO. ZINZ 20a. Method of Disposition 20b. Place of Disposition (Name of 20c. Location - City or Town, State cemetery, crematory or other place) 1 Burial 2 Cremation 3 Removal from State 9/29/06 OWINGS, MILLS, MO GARRISON FOREST 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 22. Name and Address of Facility VAUGHN C GREENE FUNERAL SOVS 4905 YORK ROAD. BATTIMORE, MD. 21212 au 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart 15 ure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final Physician VENI1 ICULAR disease or condition resulting in death) MM21121 /Medical Due to (or as a consequence of) Examiner CONGESTIVE Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): Examiner To the Hospital or Attending Physician: The law requires that the death certificate be executed JCHEMIC Due to (or as a consequence of) Division of Vital Records, P.O. Box 68760 attending physician Be Completed by Physician/Medical 23c. If yes, outcome of pregnancy 1 ☐ Live birth 2 ☐ Fetal death 23b. Was decedent pregnant 23d. Date of delivery ned by the atter a detached for u 3 Ectopic pregnancy in the past 12 months? Month Day 4□Pregnant at time of death 5 Other (specify) 1 ☐ Yes 2 ☐ No 9 Unknown 9 Unknown Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? 3 Probably 4 □Unknown 1 ☐ Yes 2 ☐ No 24a. Was an autopsy performe 24b. Were autopsy findings available prior to completion of cause of death?

1 ☐ Yes 2 ☐ No 1 Yes 2 2 No neral Director; After this certification filled in by the funeral director, 25. Was case referred to medical examiner? 26. Place of Death Check only one Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: 2 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of Injury 28c. Injury at Work? 28d. Describe how injury occurred Certification: 5 Pending 1 Naturai 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 \ Homicide within 24 hours a To the Funeral I Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical (Check unly one) 29b. Signature and title of certifier 29d. Date signed (Month, Day, Year) SEPTEMBER 22, 2006 134041 oujor 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) LOCHRAVEN BLUD 1657 strar's Signature 31. Date filed (Month, Day, Year) CCT 0 2 2006 Registrar

Please Type or Print in Black Indelible Ink. Ensure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygien 006 1 - For State Registrar Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** ca nman 1ar plenter 2006 /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death Examiner 4c. County of Death HOSPITAL

De (In yrs. last birthday) 5. Social Security Number 7. Age (In yrs **Funeral** 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) Months Hours 218-26-6718 Usual Residence of Decedent 1**X**M 2□F Director Yrs. Pages 1 and 2 should be filed within 72 hours after death with the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f ehov traumatic event, the Medical Examiner must be notified at Completed by Funeral Director MID 1 res 2 No timore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? Items 23a Avenue 11. Marital Status Was Decedent Ever in U.S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian. Black, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 No If Yes, Give Year or Dates: Baltimore, Maryland 21215-0036 ŏ 1 ☐ Yes 2 🗷 No Specify: 3√Widowed 4 □ Divorced Black "natural" 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry al Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) EMERAL MOTORS 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be and Mental H ဥ Oddinghter)9b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Department of Health a Important: If Item 27 Is eny injury or other trai 20b. Place of Disposition (Name of cemetery, crematory or other place) MO.MI 20a. Method of Disposition 20c. Location - City or Town, State Burial 2 ☐ Cremation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee teu lu 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying shock, or heart failure. List only one cause on each line, Immediate Cause (Final disease or condition resulting in death) Due to (or as a consequence of): **Physician** Chau /Medical Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Examiner Due to (or as a consequence of) ed by the attending physicien and detached for use as the burial-transit or Attending Physicien: The law requires that the death certificate be executed Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760. Physician/Medical IF FEMALE: 23c. If yes, outcome of pregnancy 1 ☐ Live birth 2 ☐ Fetal death 23b. Was decedent pregnant 23d. Date of delivery in the past 12 months?

1 Yes 2 No
9 Unknown 3 Ectopic pregnancy Month 4☐Pregnant at time of death 5 Other (specify) 9 Unknown ete has been signed by page 2 should be detacl Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? Be Completed by 1 ☐ Yes 2 ☐ No 3 Probably 4 ☑Unknown 24a. Was an autopsy performed?
1 ☐ Yes 2 Д No 24b. Were autopsy findings available prior to completion of cause of death? this certificete 1 🗆 Yes : After this certifice e funeral director, r 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: Certification: To 1 ☐ Yes 2 No 1 ☐ Inpatient 2 ☑ ER/Outpatient 3□ DOA 27. Manner of Death 28b. Time of 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28d. Describe how injury occurred Natural 2 Accident 5 Pending within 24 hours after death.

To the Funeral Director: A completely filled in by the fu investigation 1 ☐ Yes 2 ☐ No 6 Could not be determined 3 ☐ Suicide Place of Injury - At home, farm, street, factory, office building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide Hospital 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medicai To the 29b. Signature and title of certifier 29d. Date signed (Month, Dev. Year) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

DHMH 17 Rev 1/2001

State

Registrar

31. Date filed (Month, Day, Year)

CCT 02

32. Registrar's Signature

State of Maryland / Department of Health and Mental Hygien 2006 31055 For State Registrar Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Year JOHN. DIELENBRACH 0:15 AM SEPTEHBER 30, 2006 /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner WASHINGTON Armidel BAHMORE U.S. Social Security Number ente Year DURNIE If Under 24 Hrs. 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Oct. 2, 192 Birthplace (State or Foreign Country) **Funeral** Days XXM 2□F 220-22-4281 71 Yrs. 1928 Director Maryland Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits the Medical Examiner must be notified at Maryland Anne Arundel Pasadena 1 Yes XXNo Director or 28a-f 10e. Street and Number 10f. Zio Code 10g. Citizen of What Country? 68 Wishing Rock ROad 21122 United States 12. Was Decedent Ever in U.S. Armed Forces? 1 ⊠Yes 2 □ No WW II If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, 11. Marital Status Black, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 ☑ No Specify. Specify: White 3 Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 12 should be filed within 7 h and Mental Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) 10 Fitter Steel Fabrication Baltimore, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) John T. Diffenbaugh, Sr. Nell Harrington 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 68 Wishing Rock Road Pasadena, MD if item 27 Gail Hines / DAughter 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Oct. Date Pages 1 permit. Pages 'Department of I Importent: If ite any injury or of 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State Glen Haven Mem. Pk. 2006 4 ☐ Donation 5 ☐ Other (Specify) Glen Burnie, MD 21. Signature of Funeral Service Licensee 22. Name and Address of Facility Kirkley-Ruddick Funeral Home P.A. Da 421 Crain Hwy. S.E. GLen Burnie, MD 21061 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) **Physician** MULTIOREAU FAILURE 2 DAYS /Medical Due to (or as a consequence of): Examiner 2YAC Y COPD & XACERBATION Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury Due to (or as a consequence of) Examiner The law requires that the death certificate be executed and -trans that initiated events resulting in death) Last Due to (or as a consequence of): ettending physician a for use as the burialby Physician/Medical IF FEMALE: 23c. If yes, outcome of pregnancy 1 ☐ Live birth 2 ☐ Fetal death 23b. Was decedent pregnant in the past 12 months? 23d. Date of delivery 3 Ectopic pregnancy Month Day Year 4 Pregnant at time of death 5 ☐ Other (specify) signed by the e d be detached fo P.O. 1 ☐ Yes 2 ☐ No 9□ Unknown 9 Unknown Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? Records, COROLARY ARTERY DISEASE 1 XYes 2 No 3 Probably 4 Unknown Completed peeu 24b. Were autopsy findings available prior to completion of cause of death?

1 ☐ Yes 2 ☒ No 24a. Was an cate hes page 2 s 1 ☐ Yes 2 No. Division of Vital : After this certification, 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: 1 Inpatient Other: 4 Nursing Home 5 Residence 6 Other (Specify) ဥ 1 ☐ Yes 2 No 2 ER/Outpatient 3 DOA 28c. Injury at Work? 27. Manner of Death 28b. Time of 28d. Describe how injury occurred Certification: 1 Natural Injury 5 Pending death. 1 ☐ Yes 2 ☐ No 2 Accident investigation within 24 hours after death To the Funerel Director: completely filled in by the 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, larm, street, lactory, office building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 5 1 X Centifying Physician: To the best of Try knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 200 Certifion Medicai (Check only 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) ancorprass. Connection D0065714 SEPTENBER30,2006 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 301 HOSPITAL DRIVE, ELEH BURHIE, MD 21061-5898 CUILLERHO JOSE CIANCRECO 31. Date filed (Month, Day, Year) 32. Redictrar's Signature State 2008 Registrar

DHMH 17 Rev 1/2001

State of Maryland / Department of Health and Mental Hygiene 1 = For State Registra Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Month **Physician** DAVIS /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** KOCKGLE HOME NURSING DALTIMOR
If Under 1 Year If Under 24 Hrs. NIA last birthday) Birthplace (State or Foreign Country) 5. Social Security Number 6. Sex 7. Age (In yrs. 8. Date of Birth (Month, Day, Yea AUG, 27,/ 8 **Funeral** Days Hours 32-8406 1 ☐ M 2 K F Director Usual Residence of Decedent with the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylan Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any Injury or other traumatic event, If a Medical Exaction or other traumatic event, If a Medical Exaction or other traumatic event, If a Medical Exaction or other traumatic event. 1 X Yes 2 ☐ No Directo MARYLAND 10e. Street and Number 10g Citizen of What Country? Funeral 12. Was Decedent Ever in U.S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11. Marital Status e filed within 72 hours after all Hygiene.

Other than "natural", or ite 1 Yes 2 No If Yes, Give Year or Dates: 1 Never Married 2 Married 3altimore, Maryland 21215-0036 1 ☐ Yes 2 No δ BL 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Coltege (1-4or 5+) OTHGRADE 17. Father's Name (First, Middle, Last) Be 18. Mother's Name (First, Middle, Maiden Sumame) 2 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) 390 (GR-DAUGHTER) TAILLET 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 □ Cremation 3 □ Removal from State CEMETERI 10-04-06 4 ☐ Donation 5 ☐ Other (Specify) 21. Signatore of Furieral Service Licensee 22. Name and Address of Facility FUNERAL HOME once D. FULTON AVE. BALTO, 110.2121 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) **Physician** Beficiency 10 y 49m Autoinnune /Medical Due to (or as a consequence of) Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of) Examiner the attending physician and hed for use as the burial-transit Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760. Physician/Medical IF FEMALE 23c. If yes, outcome of pregnancy 23d. Date of delivery 23b. Was decedent pregnant 1 Live birth 2 ☐ Fetal dea 4 Pregnant at time of death 2 Fetal death 3 Ectopic pregnancy in the past 12 months? 1 ☐ Yes 2 ☑ No Day Year 5 Other (specify) page 2 should be detached 9 Unknown signed by Part It. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? δ Completed 1 ☐ Yes 2 No 3 Probably 4 Unknown After this certificate has been 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Yes 2 No 2□ No 1 Yes or Attending Physician: the funeral director, 25. Was case referred to medical Be 26. Place of Death (Check only one) Hospitat: Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 ☐ Yes 2 No 1 🗌 Inpatient 2 ER/Outpatient 3 DOA 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28c. tnjury at Work? 28d. Describe how injury occurred Natural 5 Pending investigation within 24 hours after death. To the Funeral Director: A 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Ptace of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) filled in by 4 Homicide To the Hospital Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical (Check only one) 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifie 29c. License number 043786 9.29.06 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 12 Duni-1 ELKEW Hlace Rolling N 21212 ltoward 1714 31. Date filed (Month, Day, Year) 32. Registrar's Signature State 2000 Registrar

DHMH 17 Rev 1/2001

State of Maryland / Department of Health and Mental Hygiene 31057 1 - For Stata Registrar Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2 Date of Death 3. Time of Death Month **Physician** 2105 M modehano Josai /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Balhmore May land Meo Cento university If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Security Number 6 Sax 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Months 1**X** M 2□ F 70 Yrs. Director 217-80-9423 India Usual Residence of Decedent the Maryland 10c. City. Town or Location 10a State 10b. County 10d. Inside City Limits rei', or iteme 23a or 28a-f ehow Examiner must be notified at 1 ☐ Yes 2 No Directo Wicomico Salisbury 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21801 6102 Fuller Lane USA by Funerai Pages 1 and 2 should be filed within 72 hours after deeth 12. Was Decedent Ever in U.S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Year or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11. Marital Status 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0036 1 ☐ Yes 2 No Specify: Specify: 3 Widowed 4 Divorced Asian "neturel" d other than "neture event, the Medical E 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) College (1-4or 5+) Elementary/Secondary (0-12) Quality Control Pharmaceutical 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Parvatiben Desai ဥ Dhayabhai Desai 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Heelth a Nilesh V. Desai permit. Pages 1 and Department of Heelth Important: If item 27 eny injury or other troons. Son 409 Greenwood Ave., Chestertown, MD 21620 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 ☐ Burial 2 XCremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Carroll Cremation 9/30/06 Hampstead, MD 21. Signature of Funeral Savice Licensee 22. Name and Address of Facility 11824 Reisterstown Road Eline Funeral Home Reisterstown, MD 21136 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) Gastroin testina **Physician** /Medical Due to (or as a consequence of): Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events Due to (or as a consequence of). Examine physicien end s the burial-transit To the Hospital or Attending Physicien: The law requires that the death certificate be executed resulting in death) Last Due to (or as a consequence of) Division of Vital Records, P.O. Box 68760, Completed by Physician/Medical IF FEMALE: 23c. If yes, outcome of pregnancy 1 ☐ Live birth 2 ☐ Fetal death 23b. Was decedent pregnant in the past 12 months?
1 ☐ Yes 2 ☐ No 23d. Date of delivery 3 Ectopic pregnancy Month Dav Year 4 Pregnant at time of death 5 Other (specify) the 9 Unknown 9 Unknown signed by the Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 XUnknown should should 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an s certificate has b lirector, page 2 s autopsy performed 2 No 1 ☐ Yes 2 ☐ No 1□ Yes 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 📉 No ٩ this After this 28a. D te of Injury (Month, Day Year) 28c. Injury at Work? 27. Manner of Death Certification: 28b. Time of 28d. Describe how injury occurred 1 Natural 2 Accident 5 Pending investigation death. 1 ☐ Yes 2 ☐ No nere! Director: , 3 ☐ Suicide 6 ☐ Could not be 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 T Homicide hours efter within 24 hours a
To the Funeral I
Sompletely filled Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) 29a. Certifier Medical and manner stated. 29b. Signature ∦nd title of certifier P 18568 Sept 28 Greene St. Baltimore, mo MO of person who completed cause of death (Item 23a) (Type, Print) MD 27 32 Registrar's Signature 31. Date filed (Month, Day, Year) State OCT 0 2 2006 Registrar

		1- For State of Maryland	d / Depa <i>Cer</i>	artment of He	ealth and Moeath		ene2 () () 6	31058
Physic	rian	Decedent's Name (First, Middle, Last)				2. Date of Death Month	Day Year	3. Time of Death
/Med	ical	James Evans		4b. City, Town, or	Location of Dogth	Septembe	r 23, 2006 4c. County of Death	
Exam	iner	4a. Facility Name (If not institution, give street and number)  Mallard Bay Care Center		Cambric			Dorcheste	
Funera		Social Security Number     6. Sex     7. Age (In yrs. In		If Under 1 Year Months Days	If Under 24 Hrs. Hours Min.	8. Date of Birth (Month, Day, Y		nplace (State or Foreign untry)
Directo		213-10-7003	4 Yrs.	World Days	110013	Aug 23,	1922 Mar	yĺand
land		Usual Residence of Decedent  10a. State 10b. County 10c. City	, Town or Lo	cation				10d. Inside City Limits
Mary a-f eh	tor	MD Dorchester	Cambr	idge				1 ☐ Yes 2 No
ith the or 28s	Olrec	10e. Street and Number		10f. Zip Code			J. Citizen of What Co.	untry?
sath w	rall	520 Glenburn Avenue	6 10 1	Man Danadast of His	21613		USA 14. Race - Amer	noan Indian
DESILITIOTE, IMELYIGITIE A LATE SHOOP SETTING A PARTIE PROPRIET. Pages 1 and 2 should be filled within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23e or 28e-f show any injury or other traumatic event, the Modical Examinating the notified at mone.	by Funeral Director	11. Marital Status  1 □ Never Married 2 ☑ Married  1 □ Never Married 2 ☑ Married  3 □ Widowed 4 □ Divorced  12. Was Decedent Ever in U.  Armed Forces?  1 ☑ Yes 2 □ No  If Yes, Give  Year or Dates:		Was Decedent of His f Yes, specify Cuban I□Yes 2∏ No	Specify:	Rican, etc.)	Black, White	e, etc.
72 hou		15. Decedent's Education (Specify only highest grade completed)		dent's Usual Occupa kind of work done do			6b. Kind of Business/I	ndustry
Mithin Ne.	Completed	Elementary/Secondary (0-12) College (1-4or 5+)	life. L	OO NOT use retired)	oning most or trom	9		
Hygie ther ther ther		10 0		unk	18. Mother's Name	e (First, Middle, Ma	government	tunk
Vidio	To Be	1				,	,	dik
shou and M mar umat	-	19a. Informant's Name/Relationship (Type, Print)	19b. Mailin	ng Address (Street a	nd Number or Run	al Route Number, (	City or Town, State, Z	ïp Code)
and 2 si ealth an m 27 is r		Mallard Bay Care Center	520 0	Glenburo A	venue Ca	mbridge,	MD 21613 oc. Location - City or	To Contain
ages 1		1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State	emetery, cren	sition (Name of natory or other place	) [	20	oc. Location - City of	IOWII, State
Dartifficor Dermit. Pages Department of mportant: if it any injury or of		4 Donation 5 V Other (Specify) in state  21. big the of Euneral San ce Licensee Ronal Ward Virector	22	. Name and Address	s of Facility	- I		-
Depa Depa Day		Ronald . Wang, Director	St Ba	tate Anato Altimore,	omy Board MD 2120	655 W. ]  1	Baltimore	Street
		23a. Part Enter the disease, or complications that caused the death shock, or heart failure. List only one cause on each line.	. Do not ent	er the mode of dying	, such as cardiac	or respiratory arres	it,	Approximate Interval Between Onset and Death
Physician		Immediate Cause (Final disease or condition resulting in death)	eler	no He	en d	Beek		Onset and Death
/Medica Examine		Due to (or as a consequ	ience of):					
	je j	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	ianca of).					
scuted nd transit	Examiner	that initiated events c.						
box oof ou, death certificate be executed e attending physician and of or use as the burial-transit	cal Ex	Due to (or as a consequ	ience at):					
oo fou,		d					. 1	
wrequires that the death certifical been signed by the attending phy should be detached for use as it.	clan/Med	IF FEMALE: 23b. Was decedent pregnant 1 ☐ Live birth 2 ☐ Fetal		Ectopic pregnancy			23d. Date of deli	
b deat he att	SICIB	in the past 12 months?  1 □ Yes 2 □ No  4 □ Pregnant at time of de		Other (specify)			Month	Day Year
requires that the een signed by th hould be detache	Physi	9 Unknown  Part II. Other significant conditions contributing to death but not resi	ulting in the w	nderlying cause give	n in Part I.	23e. Did toba	cco use contribute to	the cause of death?
uires l	d by					1 Pres	2 No 3 Pro	obably 4 Unknown
taw requasi been 2 should	ompleted					24a. Was an	24b. Were au	topsy findings available
The hade	Com					autopsy performe 1 ☐ Yes 2 €	ed? death?	2□ No
Of VICE Physician: This certifical	Be (	25. Was case referred to medical examiner?		1000		h (Check only one)		
0 - 0	5		ER/Outpatien 28b. Time of		Nursing no	ome 5 Residen	ce 6 Other (Spec	offy)
VISION OF Attending Physic death.  rector: After this by the funeral of the funer	cation:	27. Manner of Death  1 ☑ Natural 5 ☐ Pending 2 ☐ Accident investigation  28a. Date of Injury (Month, Day Year)	Injury	Work	? ′es 2 □No		, ,	
	t#	3 ☐ Suicide 6 ☐ Could not be determined 28e. Place of Injury - At he building, etc. (Specify	me, farm, str	reet, factory, office		28f. Location (Stre City or Town,	et and Number or Ru State)	ral Route Number,
pital or ours afte ours afte	Certif	29a. Certifier 1⊡ Certifying Physicien: To the best of my kno				and due to the one	una/a) and mannet no	ataland
e Hos 124 ho e Fun	edical	(Check only 2 Medical Examiner: On the basis of examinal one)	tion and/or in	vestigation, in my op	inion, death occur	red at the time, dat	e and place, and due	to the cause(s)
To the Hospital or within 24 hours at To the Funeral D completely filled in	₹	29b. Signature and title of certifier		29c. License	number	290	d. Date signed (Monti	ı, Day, Year)
		> Name of 120		24	1924		7.25-0	6
		29b. Signature and title of certifier  30. Name and address of person who completed sause of death (Item NOMAN THANKY 300)  31. Date filed (Month, Day, Year)  32 Registrar's Signal CCT 0 2 2006	23a) (Type, AURU)	Print)	CAMPR	DEE 1	40 216,	13
S Regis	tate strar	31. Date filed (Month, Day, Year)  OCT 0 2 2006	The Age	SAGE				

State of Maryland / Department of Health and Mental Hygie 🎾 🕦 🖯 6 1 - For State Registrar Certificate of Death Reg. No. 2. Date of Death 1. Decedent's Name (First, Middle, Last) Year 5 PM **Physician** & vans 2006 Catherine /Medical 4c. County of Death 4a. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death Examiner TARRETTS U: ILE MS

If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Day, Year) HARFORD MADONNA HERITAGE LIVING A55T Birthplace (State or Foreign Country) 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) **Funeral** 1 M 2 F Yrs. 220-24-475 Director Usual Residence of Decedent 10d. Inside City Limits 10c. City, Town or Location 10a State 10h County r than "natural", or iteme 23a or 28a-f show the Madical Examinar must be notified at 1 ☐ Yes 2 No Director M HAR CORS MILSTON 10g. Citizen of What Country? 10f. Zip Code 10e. Street and Number 703 U.S.A. 5 HARPS death . 12. Was Decedent Ever in U.S. Armed Forces? 1 ☐ Yes JO No If Yes, Give Year or Dates: 14. Race - American Indian, Was Decedent of Hispanic Origin? (Specify Yes or No-II Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status Black, White, etc. within 72 hours after 1 Never Married 2 Married Baltimore, Maryland 21215-0036 1 ☐ Yes 2 ☐ No Specify: white 3 ₩idowed 4 Divorced þ Completed 16b. Kind of Business/Industry 16a. Decedent's Usual Occupation 15. Decedent's Education (Specify only highest grade completed) (Give kind of work done during most of working life. DO NOT use retired) filed within the Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) DOCTORS 12+6 Tech Ala 18. Mother's Name (First, Middle, Maiden Sumame) permit. Pages 1 and 2 should be file Department of Health and Mental Hy important: if Item 27 is marked other any injury or other traumatic event 17. Father's Name (First, Middle, Last) UNKNOWN Unlenown 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) DiKocco 703 5h ALIS FAUSTER MO 21047 LAthlern 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 20a. Method of Disposition 9/22/06 → Burial 2 Cremation 3 Removal from State RosedAle MS 4 □ Donation 5 □ Other (Specify) GARdens of Frith 22. Name and Address of Facility PAUL STELLA FUNCEAL HOME, PA 1527 HATERS RO. BALL MO 21 21. Signature of Funeral Service Licensee Stells BA 1/2 , MD 2 1234 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) **Physician** ASCVD 4 CARS /Medical Due to (or as a consequence of) Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of). Examine use as the burial-transit Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical 23c. If yes, outcome of pregnancy
1 ☐ Live birth 2 ☐ Fetal death 23d Date of delivery 23b. Was decedent pregnant 3 Ectopic pregnancy Day in the past 12 months? Month Year 4☐Pregnant at time of death 5 Other (specify) 1 ☐ Yes 2 ☐ No 9□ Unknown 9 III Unknown Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? δ 1 ☐ Yes 2 ☑ No 3 ☐ Probably 4 ☐ Unknown Fibrillati 24a. Was an autopsy performe 24b. Were autopsy findings available prior to completion of cause of death?
1 □ Yes 2 □ No Anzmia 1☐ Yes Pernicion 2, No To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certific completely filled in by the funeral director, 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Hospital: 1 | Inpatient 2 | ER/Outpatient 3 | DOA Other: 4 Nursing Home 5 Residence 6 Cher (Specify) A 55,57-1 /V// 1 ☐ Yes 2 Do 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? 27. Manner of Death Certification: 1 Aatural 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 🗌 Suicide Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, larm, street, lactory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29a. Certifier 29c. License number 29b. Signature and title of certifier Wendy & lungs 31295 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) KUVE52 701 n Charles. suite (NENDY ST, 31. Date liled (Month, Day, Year)
OCT 0 2 2006 32. Registrar's Signature State ment Registrar

Certificate of Death 2. Date of Death s Name (First, Middle, Last) Month **Physician** 2005 /Medical 4b. City, Town, or Location of Death 4c. County of Death Examiner Good Samaritan Hospital Baltimore If Under 1 Year | If Under 24 Hrs. 8. Date of Birth 7. Age (In yrs. last birthday).
Yrs. Social Security Number 6. Sex **Funeral** Year) Days Hours 1 XM 2 ☐ F Director Usual Residence of Decedent 10b. County 10c. City. Town or Location 10a. State ortant: if Item 27 is marked other than "natural", or Itams 23a or 28e-f ahow Injury or other traumatic avent, the Medical Exactinat mast be notified at MD Director 10e. Street and Number 10g. Citizen of What Country? 10f. Zip Code Avenue Funeral Race - American Indian Was Decedent Ever in U.S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11 Marital Status Black, White, etc. 1 Yes 2 □ No If Yes, Give Year or Dates: 1 Never Married 2 Married Baltimore, Maryland 21215-0036 1 ☐ Yes 2 No Specify: þ 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) permit Pages 1 and 2 should be filed within Department of Health and Mental Hygiene important: if item 27 is marked other than any injury or other traumatic event. nentary/Secondary (0-12) College (1-4or 5+) (LI KHOWN 18. Mother's Name (First, Middle, Maiden Sumame) 17. Father's Name (First, Middle, Last) KNOWN

**Physician** /Medical Examiner

Box 68760,

Division of Vital Records, P.O.

or Attending Physician:

Examine signed by the attending physician and the detached for use as the burial-transit Physician/Medical by To the Hospitel or Attending Physician: within 24 hours after death.

To the Funerel Director: After this certific completely filled in by the funeral director, Certification:

End Stage renal disease on Henodialysis Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of) 23b. Was decedent pregnant in the past 12 months?

23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode shock, or heart failure. List only one cause on each line.

20a. Method of Disposition

Burial 2 Cremation 3 Removal from State

4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee

Immediate Cause (Final disease or condition resulting in death)

☐Yes 2☐No

9 Unknown

1 ☐ Yes 2 🕱 No

27. Manner of Death

1 X Natural

2 Accident

3 🗌 Suicide 4 - Homicide

29a. Certifier

23c. If yes, outcome of pregnancy 1 ☐ Live birth 2 ☐ Fetal death 4 Pregnant at time of death 9☐ Unknown

Intra cerebra

3 Ectopic pregnancy 5 Other (specify)

20b. Place of Disposition (Name of cemetery, crematory or other place)

Please Type or Print in Black Indelible Ink. Ensure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygier 006

23d. Date of delivery Month Day

23e. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

24b. Were autopsy findings available prior to completion of cause of death?
1 ☐ Yes 2 ☐ No

31060

3. Time of Death

9:29

9. Birthplace (State or Foreign

North (ardino

10d. Inside City Limits

Approximate Interval Between Onset and Death

Year

1 Yes 2 □ No

Year

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

25. Was case referred to medical examiner?

1 🔀 Inpatient 2 ER/Outpatient 3 DOA 28a. Date of Injury (Month, Day Year) 28b. Time of

Other: 28c. Injury at Work?

🗺 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 28d. Describe how injury occurred 1 ☐ Yes 2 ☐ No

26. Place of Death | Check only one

24a. Was an autopsy performed?

2 🔀 No

1 Tyes

Och Rd. Balto MD

28f. Location (Street and Number or Rural Route Number, City or Town, State)

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and examiner stated. 29b. Signature and title of certifier

29c. License number Res 000 September 23, 2006

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

Loch Raven Blvd, Baltimore, MD Bahman Saatian, n.D. 5601

State Registrar 31. Date filed (Month, Day, Year) OCT 0 2 2006

5 Pending investigation

6 Could not be determined

BSaaha



28e. Place of Injury · At home, farm, street, factory, office building, etc. (Specify)

			1 - For State Registrar	State of	Marylaı				lealth a Death	ınd Me		giene		16	31061
			Decedent's Name (First, Middle	Last)						2	Date of Dea	ath			3. Time of Death
	Physicia /Medic		PALE FRIET								Month 9	Da	ZS Y	OG	0945 M
Ì	Examin		4a. Facility Name (If not institution,	give street and numb	er)		4b. City	, Town, or	Location o	f Death		4c.	. County of		
			UNIV. OF MD	MEDICAL	CZNT	212			MORS		ITY			/A	
	Funeral Director		210 30 3207	6. Sex 7. X1X  M 2  F 7.	Age (In yrs.	last birthday) Yrs.	Months	Days	If Under 2 Hours		Date of Birt (Month, Day 05-24-	1941	L	Birthpla Count MA	ace (State or Foreign RYLAND
	land ow		Usuel Residence of Decedent  10a. State 10b. County		10c. C	ty, Town or Lo	ocation							10	d. Inside City Limits
	Mary Had	tor	MD. BAL	TIMORE				TIMO	NIUM						1 ☐ Yes XX No
	r 28s	irec	10e. Street and Number				10f. Zij	Code	-			10g. Cit	izen of Wh	at Count	ry?
	th wil	Funeral Director	25 CASTLEHILL	COURT				2	1093				U. S	S. A	
	r dea	Iner	11. Marital Status	12. Was Decede Armed Force	157	1	Was Dece	dent of H	ispanic Orig	in? (Speci	fy Yes or No-		14. Race -	America White, e	
36	or if	by Fu	1 ☐ Never Married 💥 💢 Marri 3 ☐ Widowed 4 ☐ Divorced	If Yes, Give	□ No196	3-	1 🗆 Yes		Specify:				Specify:		HITE
8	72 hours after death with the Maryland naturel', or Items 23a or 28a-f ahow disal Examiliar must be notified at		15. Decedent	Teal of Date	s: 198	16a. Dece	dont's Heu	al Occup	ation		-	16b K	ind of Busi		
15	n na	Completed	(Specify only highes	grade completed)	5.\	(Give	kind of wo	ork done d ise retired	during most ()						usuy
212	e filed within al Hygiene. other then "	mo	Elementary/Secondary (0-12)	5 PLUS	or 5+)	MIL	ITARY	0	FFICE	₹		υ.	S. AF	KIM Y	
p	be filed within 72 hours after death with the Marylan ttal Hygiene.  Id other than "naturel", or items 23a or 28a-1 ahow event, the Mudical Examirer must be notified at	Bec	17. Father's Name (First, Middle, L								First, Middle,				
yla	2 should be and Mental Is marked raumatic ev	To			RIED					JULIA	NNE E	. K	COENIN	NG	
Maryland 21215-0036	s 1 and 2 should f Health and Mer item 27 is marke other traumatic		19a. Informant's Name/Relationsh				-				Route Numbe MONIUM				
	es 1 and 2 of Health a fitem 27 la r other trac		20a. Method of Disposition	(MILE)	20b.	Place of Dispo			COUR	Dat			Ocation - Ci		
nor	Pages nent of int: if it		XX Burial 2 Cremation		ite	cemetery, crei . INGTON	matory or o	other plac		L-20 <b>-2</b>					RGINIA
Baltimore,			4 □Donation 5 □ Other (Sp 21. Signature of Funeral Service L		AILL				s of Facility		000	AKL	1050		
B	permit. Departr Importa		P. H. Rus	(R. G.	RUTH						HOME, I	NC.			0.21204
			23a. Part1. Enter the disease, or shock, or heart failure. List of	complications that cau	sed the dea	th. Do not ent	er the mod	de of dyin	g, such as o	cardiac or r	espiratory ar	rest,	101100		Approximate Interval Between
£."	Physician		Immediate Cause (Final disease or condition	Acres		OCART	SiAI	LALT	FARCT	1					Onset and Death
	/Medical		resulting in death)	a. Due to (or	as a conse		<u> </u>	1101	MEC	11010					
	Examiner ⁷		Sequentially list conditions,	b											
	ed sit	Examiner	if any, leading to immediate cause. Enter Underlying Cause (Disease or injury (Disease or injury (Disease))												
•	xecut and al-trar	xan	that initiated events resulting in death) Last	c. Due to (or	as a conse	quence of):								-	
8760,	death certificate be executed e attending physician and ad for use as the burial-transit	dicai E													
9	g phy as the	edic		0.	-										
Вох	eath certific attending p for use as	M/UK	IF FEMALE: 23b. Was decedent pregnant	23c. If yes, outcom			Ectopic p	regnancy					23d. Date of	of deliver	у
	the att	Physician/Me	in the past 12 months? 1 ☐ Yes 2 ☐ No	4☐Pregnan 9☐Unknow	t at time of d		Other (sp						Month	1 [	Day Year
P.O.	that the de ed by the detached	Phy	9 Unknown			let a stand					20 Did.				
Division of Vital Records,	8	þ	Part II. Other significant condition	is contributing to deat	n but not res	suiting in the u	naeriying d	ause give	en in Part I.			es 2		⊔terto tne ∐Proba	bly 4 Unknown
ecc	has be	Completed									24a. Was a		24b. We	re autop	sy findings available pletion of cause of
<u> </u>		Con									perfor		dea	ith?	2□ No
Vita Vita	ician Sertifi ector	Be	25. Was case referred to medical examiner?	Magnital	-	_		Ī Ou		of Death (	Check only o	10)			
of	Physician: r this certific ral director,	5	1 Yes 2 No 27. Manner of Death	Hospital: 1 Inp		ER/Outpatier			4 🗀 1901		5 ☐ Resid				
Lo	ding h. After funer	tion	1 Natural 5 ☐ Pending		Day Year)	28b. Time of Injury	M	28c. Injury Work	rat (? Yes 2.∐N		d. Describe h	ow injut	y occurred		
İSİ	Attendi death ctor: A	fica	3 ☐ Suicide 6 ☐ Could n	ot be Goo Bloom of	Injury - At h	ome, farm, str					Location (S	treet an	d Number	or Rural	Route Number,
á	al or A s efter ii Dire ed in by	Certification:	4 Homicide	building,	etc. (Speci	<b>(y</b> )					City or Tow	n, State	)		
	To the Hospital or Attending I within 24 hours effer death.  To the Funeral Director: Affer completely filled in by the funer	edicai (	29a. Certifier Certifying (Check only one)	Physician: To the be xaminer: On the basis and manner	s of examina	owledge, death	n occurred vestigation	at the tim	ie, date and pinion, deatl	place, and h occurred	d due to the d at the time, d	ause(s) late and	and mann place, and	er as sta d due to	ited. the cause(s)
	To the To the To the Comp	Me	29b. Signature and title of certifier				290	c. License	number		7	29d. Dat	te signed (/	Month, D	lay, Year)
			I Nicet					DO	614	L3		09	25/0	L	
1	0+1		30. Name and ad ress of person v	ho completed cause of	of death (Iter	п 23а) (Туре,	Print)								
	Sta	te	31 Date filed (Month Day Vear)	32. Red	strar's Signa	ature	Ingests	)							
	Registra	ar	ULIU	2 2006	SE FELS	Say of	Service de	ç							

For State Registrar

Please Type or Print in Black Indelible Ink. Ensure All Copies Are Legible.

31062

Physiciar /Medica Examine
Funeral Director

Baltimore, Maryland 21215-0036

detached for use as the burial-transit or Attending Physician: The law requires that the death certificate be executed Division of Vital Records, P.O. Box 68760 After death. Hospital

amend I tem 20b per flag 860 10-2-06 amend State of Maryland Department of Health and Mental Hygien 2006 Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death Dav Month Year 4.56 AM DENNIS FOSTER September 27 2006 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Sinai Hospital of Baltimore city Baltimore N/A | SCITUTION | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of Birth | State of 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) 1 ☐ M 2 ☐ F 216 20 6590 78 Yrs. Usual Residence of Decedent with the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Item 27 is marked other than "naturel", or Items 23a or 28a-f show other treumstic event, the Medical Examinar must be notified at Director 1 ☐ Yes 2 ☐ No MD. N/A BALTIMORE 10e. Street and Number 10g. Citizen of What Country? 10f. Zip Code 4000 ELDORADO AVENUE 21215 USA by Funerai 12. Was Decedent Ever in U.S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, 11 Marital Status Black, White, etc. filed within 72 hours after 1 □Yes 2 □ No If Yes, Give Year or Dates: 1 Never Married 2 Married Specify: BLACK 1 ☐ Yes 2 🛣 No Specify: 3 Widowed 4 □Divorced Be Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry il Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) LONGSHOREMAN SHIPPING 4yrs permit. Pages 1 and 2 should be file. Depertment of Health and Mental Hyg Important: If Item 271s marked other any Injury or other treument. 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) JEFFERSON FOSTER DORA EVANS 19a, Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) DOLORES FOSTER / daughter 3003 RONARIC CT.APT.E. BALTO MD. 21209 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 1 Burial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) DRUID RIDGE CEM OCT. 2, 2006 BALTIMORE, MD. 22. Name and Address of Facility
CALVIN B. SCRUGGS FUNERAL HOME nature of Funeral Service Licensee 1412 E. PRESTON ST. BALTO, MD. 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) Physician Possible sepsis 2 days /Medical Due to (or as a consequence of): Examiner Hypotension

Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Examiner Due to (or as a consequence of): Physician/Medical IF FEMALE: 23c. If yes, outcome of pregnancy
1 ☐ Live birth 2 ☐ Fetal death
4 ☐ Pregnant at time of death 23b. Was decedent pregnant 23d. Date of delivery 3 Ectopic pregnancy in the past 12 months? 1 ☐ Yes 2 ☐ No Day Year 5 Other (specify) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? ģ stage Renal disease 1 ☐ Yes 2 XNo 3 Probably 4 Unknown Completed dependent diabetes mellihus 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 1 Yes No No 1 ☐ Yes Be 25. Was case referred to medical examiner? 26. Place of Death Check only one Hospital: Inpatient Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 XNo Certification: To 2 ER/Outpatient 3 DOA 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? Natural 2 Accident 5 Pending within 24 hours after death.

To the Funaral Director: All completely filled in by the fu 1 ☐ Yes 2 ☐ No investigation М 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, larm, street, lactory, office building, etc. (Specify) 281. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 12 ertifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical (Check only one) 29b. Signature and title of certifier 29d. Date signed (Month, Day, Year) 29c. License number MD RESIDENT - 15794 21September 2006 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) PRANITHA NAINI MD SINAI HOSPITAL OF BALTIMORE 31. Date liled (Month, Day, Year) 0C7 0 2 2006

Registrar

State

32 Registrar's Signature

Please Type or Print in Black Indelible Ink. Ensure All Copies Are Legible.
AMEND TTEM#4c, 29d, per PHYS. DVR, C860, 10/2/06 WS
State of Maryland / Department of Health and Mental Hygiene 1 - For State Registrar 006 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Day Month Year **Physician** GREEN CEORGE SEPTEMBER 19 2006 11: 20 A M /Medical 4a. Facility Name (If not institution, give street and number) 4c. County of Death 4b. City, Town, or Location of Death Examiner NOTHWEST JATI 920H RANDALLSTOWN BALTIMORE If Under 1 Year | If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1**X**M 2□F Months Days Hours 96.36.416 Yrs. Director Pages 1 and 2 should be filed within 72 hours after death with the Maryland 10c. City, Town or Location 10a. State 10b. County Show 10d. Inside City Limits item 27 is marked other than "natural", or items 23a or 28a-f sho other treumatic event, the Medical Examinar must be notified at 1 Yes 2 No Director Baltimore MD Windsor Mil 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 8515 Completed by Funeral 2 12. Was Decedent Ever in U.S. Armed Forces? 1 □ Yes 2 MNo If Yes, Give Year or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indian, Black, White, etc. 1 Never Married 2 Married Baltimore, Maryland 21215-0036 1 ☐ Yes 2 No Specify Black Specify: 3 Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/industry (Specify only highest grade completed) and Mental Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) Sales Representative VCr1
18. Mother's Name (First, Middle, Maiden Sumame) Lyears 17. Father's Name (First, Middle, Last) To Be George Green trastine Mosbu 19a. Informan 's Name/Relationsh p (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8515 Greens Ln item 27 I neum Green Windsomill MD 21344 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 ☐ Burial 2 ★Cremation 3 ☐ Removal from State Department of Importent: If any injury or once. Greenmant 9/27/06 27/06 baltimore MD augno c. Green funeral service * 4 ☐ Donation * 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 22. Name and Address of Facility 23a. Part 1. Enterthe disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Rendalistum mo Approximate Interval Between Onset and Death Immediate Cause (Final NON SMALL CELL LUNG CANCER Priysician disease or condition resulting in death) /Medical (ADENOCARCINO MA) Due to (or as a consequence of): **Examiner** Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury Due to (or as a consequence of) Examiner use as the burial-transit or Attending Physicien: The law requires that the death certificate be executed that initiated events resulting in death) Last Due to (or as a consequence of) Physician/Medicai IF FEMALE 23c. If yes, outcome of pregnancy 1 ☐ Live birth 2 ☐ Fetal death 23b. Was decedent pregnant in the past 12 months?

1 Yes 2 No 23d. Date of delivery 3 Ectopic pregnancy Month Day Year 4☐Pregnant at time of death 5 Other (specify) 9 Unknown 9 Unknown Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? Division of Vital Records, Medical Certification: To Be Completed by 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 Munknown 24b. Were autopsy findings available prior to completion of cause of death? autopsy performed? 1 ☐ Yes 2 ☐ No 2 No 1 ☐ Yes 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Hospital: 1 Yes 2 No 1 Pinpatient 2 ☐ EP/Outpatient 3 ☐ DOA Other. 4 Nursing Home 5 Residence 6 Other (Specify) 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 27. Manner of Death 28d. Describe how injury occurred Natural 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident filled in by the Director: 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide within 24 hours after To the Hospital 29a. Certifier Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one) 29c. License number 29b. Signature and title of certifier 29d. Date signed (Month. Dav. Year) D54352 MID **SEPTEMBER 19,2006** (N) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) HITCEA TOBOR HOSPITAL SHOL OLD COURT NORTHWEST ROAD RANDALLSTOWN

DHMH 17 Rev 1/2001

State Registrar 31. Date filed (Month, Day, Year)

32/Registrar's Signature

			1 - For State Registrar	State of I	Maryland /				ealth a Death			giene Reg. No.	200	6	31064
	Dharin		1. Decedent's Name (First, Middle, La	ist)							2. Date of De		· Y	ear _	3. Time of Death
	Physici /Medio		ANNE G. GEN	ESTE										006	5:05 P.M
ài C	Examir		4a. Facility Name (If not institution, gir	e street and numb	er)		4b. City	Town, or	Location of	of Death	4c. Coun				
			STELLA MARIS		A // / /	A Sept. do 1	If I Indo	TIMO r 1 Year	NTUM If Under	24 Hrs	0 D		BALTI		
	Funeral Director		218-46-3236	Sex 7. 1 □ M 2 🖸 F	Age (In yrs. last	Yrs.	Months		Hours	Min.	8. Date of Bir (Month, Da 11/16/	1912	9	MARY	ace (State or Foreign LAND
	and *		Usual Residence of Decedent  10a. State 10b. County		10c. City, To	own or Lo	cation							10	d. Inside City Limits
	72 hours after deeth with the Maryland inatural, or Iteme 23a or 28a-f ehow disal Examinar must be notified at	ō	MD BALTI	MORE		TI	MONIU	ΙM							1 ☐ Yes 2 ☐ XNo
	28a-f	Director	10e. Street and Number				10f. Zij	Code				10g. Citiz	zen of Wh	at Count	try?
	23a or	O	2300 DULANEY VAL	LEY ROAD				2109	3				USA		
	Heme 2	Funeral	11. Marital Status	12. Was Decede	ent Ever in U.S.	13. \	Was Dece	dent of Hi	spanic Ori	gin? (Sp	ecify Yes or No Rican, etc.)	)- 1	4. Race -	America White, e	
9	or Ite	/Fu	1X Never Married 2 ☐ Married	1 Tes 2			1 🗆 Yes		Specify:		1 110411, 010.)		SpecifyW		
8	"natural", or	d by	3 Widowed 4 Divorced	Year or Date											
Maryland 21215-0036	"nati	Completed	15. Decedent's E (Specify only highest gr	ducation ade completed)		6a. Deced (Give	dent's Usu kind of wo DO NOT u	ork done d	luring mos	t of work	ing	16b. Kir	nd of Busin	ness/Ind	ustry
12	filed within Hygiene. wher then "	mc	Elementary/Secondary (0-12)  12TH GRADE	College (1-4	or 5+)		E TAK		,			H	OME	CARE	
D	2 should be filed withir and Mental Hygiene. Is marked other then aumatic event, ITs M	Be C	17. Father's Name (First, Middle, Las	1)					18. Mothe	r's Nam	e (First, Middle				
lan	Hental Hental rked o	To B	FRANCIS GENESTE						CA	THE	RINE FE	NERTY	<i>[</i>		
ary	should and Men marke		19a. Informant's Name/Relationship	(Type, Print)	1	19b. Mailir	ng Addres	s (Street a	and Numbe	er or Run	al Route Numb	er, City or	Town, St	ate, Zip	Code)
			JOHN J. LANGAN, J	R./COUSI		1926			RD.		TIMORE		212		
ore	ges 1 end t of Health if Item 27 or other to		20a. Method of Disposition 1 XBurial 2 ☐ Cremation 3 [	Removal from Sta	RIA I	etery, cren	natory or	otner plac			Date		cation - Ci		
Ë	Pages ment of I ant: if It		4 □ Donation 5 □ Other (Spec	(y) /	NEW C					-	30/2006				
Baltimore,	permit. Page Depertment Important: if eny Injury or once.		21. Signatur of Funeral Selvice Lice	Hay					is of Facilit RAVEN			ON FU WSON,		L HC 2 <b>1</b> 2	ME, P.A. 286
8760,	Physician and // // // // // // // // // // // // //	dical Examiner	23a. Jari Enter the disease, or cor shock, or heart failure. List only limited the cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	a	275	ce of):	017.	+ 5 ==			Pis	2-6 5	5		Interval Between Onset and Death
P.O. Box 68	The law requires that the death certificate be executed tte hes been signed by the attending physicien and ones should be deteched for use as the burial-transit	Physician/Med	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1  Yes 2 No 9 Unknown		n 2 Fetal death	ath 3	]Ectopic p ] Other (s					2	3d. Date of Month		ry Day Year
	res thei igned t be det	by P	Part II. Other significant conditions	contributing to deat	h but not resultin	ng in the u	nderlying	cause give	n in Part I		23e. Did	obacco u	se contrib	ute to the	e cause of death?
of Vital Records,	w require been sig should b	ed									1 🗆	Yes 2	⊒No 3	☐ Proba	ably 4 Unknown
ပ္ပ	e law re hes be ge 2 sho	Completed	90685								24a. Was		24b. We	re autop	sy findings available
Ě		ĕ										rmed?	dea	th? Yes	
ita	ician: Th certificate rector, peg	Be	25. Was case referred to medical examiner?		- The R						h Check only				
Ž	Physician: r this certificinal director,	2	1 ☐ Yes 2 No	Hospital: 1 Inp		/Outpatier		OA Othe	ar.	irsing Ho	me 5 Resi				)
	ding P n. After t funara	Ö	27. Manner of Death  1 Natural 5 Pending	28a. Date of (Month,	Injury 28 Day Year)	b. Time of Injury		28c. Injun Won			28d. Describe	how injury	occurred		
Division	Attender deetlector:	Certification:	2 Accident investigation 3 Suicide 6 Could not 4 Homicide determine	28e. Place of	Injury - At home , etc. (Specify)	, farm, str	M eet, factor		Yes 2□	No	28f. Location ( City or To	Street and wn, State)	d Number	or Rurai	Route Number,
	the Hospital or hin 24 hours afte the Funeral Dir npletely filled in	edicai	29a. Certifier (Check only one)  29a. Certifier  1 Sertifying P  2 Medical Exa	hysician: To the basi miner: On the basi and manne	is of examination	dge, death and/or in	h occurred vestigation	at the time n, in my op	ne, date an pinion, dea	id place, ith occur	and due to the red at the time,	cause(s) date and	and mann place, and	er as sta d due to	ated. the cause(s)
)	To the To the Comp	W	29b. Signature and title of centrier	1662	per	3	29	c. Licens	number	56	- ij	29d. Date	e signed (	Month, E	Day, Year)
	10		30. Name and address of person who		of death (Item 23 O DULANE			ROAL	O TI	MONI	UM, MD	2109.	3		
	Sta Regist	ate	31. Date filed (Month, Day, Year)		istrar's Signature	9									

5:05 P.M.

SEPTEMBER 26, 2006

ANNENANCY GENESTE

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Dav **Physician** Month Jetty Mae Hartman September 19, 2006 1:48 AM /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 3722 Berkley Road Darlington Harford 7. Age (In yrs. last birthday) If Under 1 Year | If Under 24 Hrs. 8. Date of Birth | Months | Days | Hours | Min. | (Month, Day, Year) 5. Social Security Number Birthplace (State or Foreign Country) **Funeral** 1 ☐ M 2 🛱 F 218-34-2258 69 Director Sept 3, 1937 Maryland Usual Residence of Decedent 10c. City, Town or Location 10a, State 10b. County 10d. Inside City Limits worle 77 is marked other then "natural", or items 23s or 28s-1 show treumstic event, the Medical Exertinal featuralities inclined at 1 ☐ Yes 2 ☐ No Director Harford Darlington 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 3722 Berkley Road USA 14. Race - American Indian, Black, White, etc. 21034 Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. Was Decedent Ever in U.S. Armed Forces? 11. Marital Status 1 Yes 2 No If Yes, Give Year or Dates: 1 Never Married 2 Married 1 ☐ Yes 2 ☑ No Specify: white 3 ☐ Widowed 4 ☑ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry unk should be filed within 7 and Mental Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) 12 0 instructional assistant Baltimore, Maryland permit. Pages 1 and 2 should be file Depertment of Health and Mental Hy Important: if Item 27 is marked other any loury or other treumatic event once. 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Albert William Plummer Mary M. Barbre 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Michelle Sadler/daughter 20b. Place of Disposition (Name of cemetery, crematory or other place)

Date

Date

Date

20c. Location - City or Town, State 20a. Method of Disposition 1 Burial 2 Cremation 3 Removal from State 4 ∑Donation 5 ☐ Other (Specify) 21. Signature of Euneral Service Licensee RONALD S. Wade 22 Name and Address of Facility
State Anatomy Board 655 W. Baltimore Street mans Baltimore, MD 21201 1. Enter the disea of or implications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, or or jearl failure. List only one cause on each line. Approximate Interval Between Onset and Death Acute Renal Failure Immediate Cause (Final disease or condition resulting in death) **Physician** nont /Medical Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in death) Last Due to (or as a consequence of): Examiner and I-transit that the death certificate be executed Due to (or as a consequence of): attending physicien a for use as the burial-Physician/Medical IF FEMALE: 23c. If yes, outcome of pregnancy
1 ☐ Live birth 2 ☐ Fetal death 23b. Was decedent pregnant 23d. Date of delivery 3 Ectopic pregnancy in the past 12 months? Month Year Day 4☐ Pregnant at time of death 5 Other (specify) ned by the a o 9 Unknown ۵. been signed be should be deta Part If. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? Records, ģ 1 Yes 2 No 3 Probably 4 Unknown Completed 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death?

1 ☐ Yes 2 ☐ No page 2 s hes certificate 1☐ Yes 2 No Division of Vital Be director 25. Was case referred to medical 26. Place of Death (Check only one) examiner? Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA 1 Yes 2 00 this After this funeral of 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Certification: or Attending 1 Natural
2 Accident Injury 5 Pending death. 1 Yes 2 No investigation within 24 hours efter death To the Funerel Director: completely filled in by the 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide Hospital 12 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical (Check only one) 29d. Date signed (Month, Dey, Year) 29b. Signature and title of certifier MIRZA A.BAIG D43115 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Ave, Harrede Grace, MD 21078 615, S. Unian 32. Registrar's Signature 31. Date filed (Month, Day, Year) State Registrar

DHMH 17 Rev 1/2001

CE L HEAGLER

				ype or Print in Bla			•		_	
			For State	State of Maryland			viental Hy	gien	006	31066
_			Registrar  1. Decedent's Name (First, Middle, Last)		Certificate of	Death	2. Date of De	Reg. No.	-	3. Time of Death
	Physicia		1. Decedent's Name (Pilst, Middle, Last)	Handle	2 :-		Month	27	Year 2 COA	- A.
	/Medic	_	4a. Facility Name (If not institution, give si	reet and number)	4b. City, Town, o	r Location of Death	)	7	County of Deal	
			GOOD SAMARITAN	HOSPITAL	BALT	i) MORE	•		2/4	
	Funeral		5. Social Security Number 6. Sex	M 2□F 7. Age (In yrs. las	t birthday) If Under 1 Year Yrs. Months Days	If Under 24 Hrs. Hours Min.	(Month, Da	th y, Year)	7 600	hplace (State or Foreign
	Director		Usual Residence of Decedent	07			X-12-	177	/ Jou	th Carolina
	with the Maryland is or 28a-f show the notified at	_	10a. State 10b. County	10c. City, 7	Town or Location					10d. tnside City Limits 1
	the Mi	ecto	10e. Street and Number,	13al	10f. Zip Code			10a Citiz	en of What Co	<u> </u>
	d within 72 hours after death with the Marylan plens than "natural", or liems 23s or 28s-f show the Medical Examinat mast be notified at	Funeral Director	7504 Hillyna	V Aire	212	34		6	1.5.	1.
	death	nera	11. Marital Status	2. Was Decedent Ever in U.S. Armed Forces?	13. Was Decedent of H	lispanic Origin? (S	pecify Yes or No	)- 1 ₁	4. Race - Ame Black, Whit	
20	hours after tural', or ite al Exertine	by Fu	1 □ Never Married 2 ☑ Married □ 3 □ Widowed 4 □ Divorced	1 ☐ Yes 2 ☐ No If Yes, Give	1 ☐ Yes 2 <b>54.</b> No	Specify:	, , , , , ,		Specify:R1	5 - 4
9500-c	Phour		15. Decedent's Educ		16a. Decedent's Usual Occup	ation		16b. Kin	d of Business	Industry
22	within 72 ene. then "nat	Completed	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4or 5+)	(Give kind of work done life. DO NOT use retire	during most of wor d)	king	n 1	,	,
7	filed wi Hygien other th		j2		Custodia		(5: 14:	Ed	ucat	0
and	2 to 5	) Be	17. Father's Name (First, Middle, Last)	1		18. Mother's Nan	ne (First, Middle	, maiden s	sumame)	
3	shoul nd Me mark	2	19a. Informant's Name/Relationship (Typ	g, Print)	19b. Mailing Addr ss (Street	and Number or Ru	ral Route Numb	er, City or	Town, State,	Zip Code)
Σ	s t end 2 should F Health and Men Item 27 le marke other treumatic		Catherine Head	er wife!	7504 Hillsu	ay An	Ba	Vtv.	led. 2	1234
9	00=5		20a. Method of Disposition   1	CART	ce of Disposition (Name of netery, crematory or A) er pla	ce) /	Date	20c. Loc	ation - City or	Town, State
altimo	Department Department Mportant: any injury once.		4 ☐ Donation 5 ☐ Other (Specify)  21. Signature of Funeral Service License	King	22. Nam and Addre	es of Facility	1 2004	Pali	s pa	, F. C. (-w/
ğ	Depa Impo any i		Carlon C. D.	Tulsus.	170, hc	ull of 8	Hong C	lds.	LC 1 2	1267
	b-		23a. Part1. Enter the disease, or complice shock, or heart failure. List only one	ations hat caused the death.	Do not enter the mode of dyir	ng, such as cardiac	or respiratory a	rrest,		Approximate Interval Between
	Physician		Immediate Cause (Final disease or condition resulting in death)	SEVERE	SEPSIS					Onset and Death
	/Medical Examiner		resulting in dealing	Due to (or as a consequent	L DECUBI	TUS 1/1	CER			
		Jer	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	Due to (or as a consequen	nce of):					
	e executed lien and urial-transit	Examin	Cause (Disease or injury that initiated events resulting in death) Last	PNEUMO						
Š.	0 0 0	_		Due to (or as a consequen	nce of):					
200	certificate nding phys	edica	d.							
XOD	ih certi ending r use a	M/us	23b. was decedent pregnant	ic. If yes, outcome of pregnanc 1□Live birth 2□Fetal de		,		23	3d. Date of de	,
	ie death the atter hed for u	Physician/Medi	in the past 12 months? 1 □ Yes 2 □ No 9 □ Unknown	4 Pregnant at time of deal 9 Unknown		,			Month	Day Year
Z.	w requires that the de been signed by the should be detached		Part II. Other significant conditions conf	inbuting to death but not resulti	ng in the underlying cause giv	ren in Part I.	23e. Did	lobacco us	e contribute to	the cause of death?
g	quires n sign uld be	d b	CONGESTIVE	HEART			10	Yes 2□	]No 3□Pi	obably 4 Unknown
ecords	law reas bee	Completed by	URINARY T	RACT INF	ECTION		24a. Was		24b. Were at	atopsy findings available completion of cause of
r	The law cate has page 2	Com	C. DIFF. (	OLITIS			perfo 1 ☐ Yes	ormed?	death?	2 □ No
Vital H	Attending Physician: The death. sctor: After this certificate by the funeral director, pag	o Be	25. Was case referred to medical examiner?	ospital:	Ott	26. Place of Dea				
0	g Phye er this eral di	$\vdash$	27. Manner of Death	28a. Date of Injury 2	8b. Time of 28c. Injur	4   Nursing n	ome 5 Resi			cify)
201	tending Ph leath. lor: After th the funeral	atlon:	1 Natural 5 Pending 2 Accident investigation	(Month, Day Year)		Yes 2 □No				
UNISION	or Att	Certific	3 Suicide 6 Could not be 4 Homicide determined	28e. Place of Injury - At hom building, etc. (Specify)	e, larm, street, lactory, office			Street and wn, State)	Number or R	ural Route Number,
_	e Hospital or Attendi 124 hours after death te Funerel Director: A lietely filled in by the fi	al Ce	29a. Certifier 1 Certifying Phys	ician: To the best of my knowle	edge, death occurred at the ti	me, date and place	, and due to the	cause(s) a	and manner as	s stated.
	To the Hospital or Att. within 24 hours after de To the Funerel Direct completely filled in by t	edical	(Check only 2 Medical Examin	er: On the basis of examination and manner stated.	n and/or investigation, in my	ppinion, death occu	rred at the time,	date and	place, and due	to the cause(s)
	To t To tl	Ž	29b. Signature and itted certifier.	aw M.	29c. Licens		9		signed (Mont	
/	X.		20 11-		RE	5-001		07	, X+,	2000
C	1		YANKAJ KAW 56	OI LOCH RAVE	J BOULEVAR.	D, BALT	IMORE,	MA	2123	9
2	Sta Registr		31. Date filed (Month, Day, Year) OCT 0 2 2005	3 Registrar's Signatur	Angelle .	-				
1,675	11091311	410		The same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the sa	10000					

State of Maryland / Department of Health and Mental Hygien 2006 Certificate of Death Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Day Month Year **Physician** September 30, 2006 2:15 pm Mildred Hewes /Medical 4a, Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Middle River Baltimore 70 Cool Breeze Drive If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) If Under Months 7. Age (In yrs. last birthday) 5. Social Security Number **Funeral** Days Hours 1 □ M 2 X F Director 68 12/1/1937 Maryland 213-36-2664 Usual Residence of Decedent with the Maryland 10d. Inside City Limits 10c. City. Town or Location 10a State 10b. County r then "netural", or iteme 23e or 28a-f ehov the Medical Examiner must be notified at 1 ☐ Yes 2√ No Director Middle River Maryland Baltimore 10g. Citizen of What Country? 10f. Zip Code 10e. Street and Number 21220 70 Cool Breeze Drive A. death Funeral 12. Was Decedent Ever in U.S. Armed Forces? 1 ☐ Yes 2 ☐ XNo If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, 11. Marital Status Black, White, etc. 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0036 1 ☐ Yes 2 XNo Specify: Specify: Š 3 ☐ Widowed 4 ☑ Divorced White Completed 15. Decedent's Education (Specify only highest grade completed) 16a, Decedent's Usual Occupation 16b. Kind of Business/Industry Uecepation
(Give kind of work done during most of working life. DO NOT use retired) College (1-4or 5+) Elementary/Secondary (0-12) 11 Quality Control Plastic other permit. Pages 1 and 2 should be filed Department of Heelth and Mental Hygi Important: if Item 27 is marked other eny injury or other treumatic event, I 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be 2 Gain Benda .Tohn Mary 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 801 Fuselage Avenue Middle River, Maryland 21220 Sharon McDowell (Daughter) 20b. Place of Disposition (Name of cemetery, crematory or other place) Date 20c. Location - City or Town, State 20a. Method of Disposition 1 Burial 2 ☐ Cremation 3 ☐ Removal from State 1863 2866 4 ☐ Donation 5 ☐ Other (Specify) Baltimore, Maryland Gardens of Faith Cem. 22. Name and Address of Facility 21. Signature of Funeral Service Licensee Bruzdzinski Funeral Home PA 1407 Old Eastern Avenue Es 23a. Part . Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Essex, Maryland 21221 Approximate Interval Between Onset and Death actostar Immediate Cause (Final 3-44 ears Physician disease or condition resulting in death) /Medical Due to (or as a consequence of) Examiner Sequentially list conditions, in any, leading to introduct cause. Enter Underlying Cause (Disease or injury that initiated events Due to for as a consequence of Examine attending physician and for use as the burial-transit resulting in death) Last Due to (or as a consequence of) Records, P.O. Box 68760, Physician/Medical IF FEMALE: 23c. If yes, outcome of pregnancy
1 Live birth 2 Fetal death 23d. Date of delivery 23b. Was decedent pregnant 3 Ectopic pregnancy in the past 12 months? Month Day Year 4☐Pregnant at time of death 5 Other (specify) certificate has been signed by the a rector, page 2 should be detached. 9 Unknown 23e. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. à 1 ☐ Yes 2 ♥No 3 ☐ Probably 4 ☐ Unknown Completed 24a. Was an autopsy performed? 1 Yes 2 No 24b. Were autopsy findings available prior to completion of cause of death?

1 Yes 2 No Division of Vital or Attending Physician: 25. Was case referred to medical examiner? funeral director 26. Place of Death (Check only one) Be Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 ☐ Yes 2 No 10 this 28c. Injury at Work? 28a. Date of Injury (Month, Day Year) 28h Time of 28d. Describe how injury occurred 27. Manner of Death Certification; After 1 XNatural 5 Pending after death. Director: Af 1 ☐ Yes 2 ☐ No М investigation 2 Accident the 6 ☐ Could not be 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 T Homicide To the Hospital or within 24 hours aft To the Funeral Di completely filled in 1X Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) Medicai 29a, Certifier (Check only one) and manner stated. 29c. License number 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifier 30. Maine and address of person who completed cause of death (Item 23a) (Type, Rrint) 4 Towson, MO 21209 505 03les hang rive 32. Registrar's Signature Z 2006 31. Date filed (Mo State Registrar

DHMH 17 Rev 1/2001

	•	For State Registrar	State of	Maryland		rtment tificate			Mental Hy	/giene Reg. No.	/ IIII h	3106	
Physicia /Medic		1. Decedent's Name (First, Middle, La Raymond Earl H		•					2. Date of D Month OCt.	eath Day	2005 ^{ar}	3. Time of Death 1:15 a	
Examine	er	4a. Facility Name (If not institution, gi	on Assist	ted Liv			neyt	OWN		С	County of Death	place (State or Fore	
Funeral Director		217-03-3576	Sex 7 1	7. Age (In yrs. Ia 87	Yrs.		Days	Hours Min		Year's	19 Hary	Tand	
Maryland fied at	tor	Usual Residence of Decedent  10a. State 10b. County  Maryland Carrol:	L		Town or Loc						1	0d. Inside City Lim	
with the	Director	10e. Street and Number 4420 Band Hall I	Hill Rd.			10f. Zip 0	Code 1158			_	zen of What Cour	ntry?	
	by Funeral	11. Marital Status  1 Never Married 2 Married 3 Widowed 4 Divorced		2 □ No ∍		Vas Decede Yes, specif		spanic Origin? n, Mexican, Pue Specify:	(Specify Yes or Nerto Rican, etc.)	lo-	14. Race - Americ Black, White, Specify: Wh		
ithin 72 hour nen *naturel Medical Ex	Completed	15. Decedent's E (Specify only highest g.	ducation		2. 20	ent's Usual kind of work OO NOT use	Dccupa done d retired)	tion uring most of w	rorking		nd of Business/In		
e d fa b	To Be Cor	17. Father's Name (First, Middle, Las Samuel Oliver Hol	-		HEEL	ager.			ame (First, Middle trice Lo	le, Maiden		.0	
2 8 8 9	-	19a. Informant's Name/Relationship Catherine Holland						nd Number or	Rurai Route Num	ber, City o	r Town, State, Zip er, Md.		
permit. Pages 1 and Department of Health Important: If Item 27 eny Injury or other to gnce.		20a. Method of Disposition  1 Burial 2 Cremation 3  4 Donation 5 Other (Special Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control		Ce Ce	ace of Disposemetery, crem	natory or oth	ner place	ct. 3,2	Date 2006		cation - City or To		
Departri Departri Imports eny Inju		21. Signature of Funeral Service Lice  ### ### ############################	LA		529	96 Cha	armi	1 Dr. P		er, M	d. 21102		
The law requires that the death certificate be executed XEV (NEW DEATH) and MEDICAL TO IN THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF T	dical Examiner	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	b. Que to (0	or as a consequence of as a consequence or as a consequence or as a consequence or as a consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the c	asel ience of):	lur erset az	in a		lent	40	Seuse	Onset and Death Coulds 25 yr 5 7 yr	
at the death certific by the attending p tached for use as	Physician/Med	Tare in a significant solution of commonly to addition to the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of								23d. Date of deliv Month	ery Day Year		
w requires that it is been signed by should be deta	by								Did tobacco use contribute to the cause of death?  1 ☐ Yes 2 ☑ No 3 ☐ Probably 4 ☐ Unkno				
	Completed								24a. Wa au pe 1 🗆 Yes	lopsy rformed?	prior to co	opsy findings availa empletion of cause 2 No	
To the Hospital or Attanding Physician: The whithin 24 hours after death. To the Funeral Director: After his certificate his completely filled in by the funeral director, page	Certification: To Be	25. Was case referred to medical examiner?  1  Yes  2 No  27. Manner of Death  1 Natural	28a. Date of (Month) on be 28e. Place	·	ER/Outpatien 28b. Time of Injury	M 28	Bc. Injury Work	er: 4 Nursing	28d. Describ	sidence e how inju	nd Number or Rur	Casaday Company Control of Parcifity	
To the Hospital or Attanovithin 24 hours after death To the Funeral Director: Completely filled in by the	Medical Ce		Physician: To the aminer: On the ba	asis of examinat									
To the withir To the Somp.	Me	29b. Signature and title of certifier	mi	ulleto	= Mi	290.	License	number 544	3	29d. Da	29d. Date signed (Month, Day, Year)		
8		30. Name and address of person who	completed caus	MD	688	Print)	s a	Parl,	Westm	inste	er Mi	2157	
Sta Registr		31. Date filed (Month, Day, Year)	2006	egistrar's Signa	ture	andi)					/		

		1- For Amend Item 25 Registrar Item 23	State of Maryland / per ME, G859, 09		ealth and Mental Hyg Death	gien 2006 31069		
Physici /Medic		1. Decedent's Name (First, Middle, Last) Anthony		Hill	2. Date of Dea Month	ath Day Year 1954 PM		
Examin Funeral Director		219-00-3370	medical cent	er Baiti	o 1	4c. County of Death  NA  9. Birthplace (State or Foreign Country)  Md.		
uryland show	Director	Usual Residence of Decedent  10a, State 10b, County		wn or Location		10d. Inside City Limits		
th the Ma or 28e-1 s		Md. NA	Ba	ltimore 10f. Zip Code		1√ Yes 2 □ No 10g. Citizen of What Country?		
I within 72 hours after death with the Maryland jiene. Then. Insturelt, or Items 23a or 28e-f show It a Me Jicel Exand ar must be notified at	by Funerai D	1247 E. Northerr  11. Marital Status  1 X Never Married 2 Married 3 Widowed 4 Divorced	Parkway  2. Was Decedent Ever in U.S. Amed Forces?  1  Yes 2 No If Yes, Give Year or Dates:		9 panic Origin? (Specify Yes or No- Mexican, Puerto Rican, etc.) Specify:	USA  14. Race - American Indian, Black, White, etc.  Specify: Black		
within 72 hou ene. than "neture is Medicul E	ompleted	15. Decedent's Educ (Specify only highest grade	cation 16	a. Decedent's Usual Occupat (Give kind of work done du life. DO NOT use retired)	ion ring most of working	16b. Kind of Business/Industry		
be filed tal Hyg od othe event,	Be C	11th grade  17. Father's Name (First, Middle, Last)  Robert	Mathi		18. Mother's Name (First, Middle, Willie M	NA Maiden Sumame)  Mae Hill		
permit. Pages 1 and 2 should I Department of Health and Ment Importent: If item 27 is markee any injury or other treumatic e once.	То	19a. Informant's Name/Relationship (Ty)  Mattie Jarrett  20a. Method of Disposition  1	Aunt  amoval from State  Gree	b. Mailing Address (Street ar 1247 E. Northe of Disposition (Name of ery, crematory or other place, nmount Cem. 22. Name and Address	ern Parkway, Bal Date 8-18-06	Ltimore, Md. 21239 20c. Location - City or Town, State Baltimore, Md. H. East		
titicate be executed  physician and Medical Examiner.transit	edicai Examiner	23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  Approximate Interval Between Onset and Death disease or condition resulting in death)  Sequentially list conditions, if any, learning to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  CERTIFICATI  Due to (or as a consequence of):						
that the death certificat ed by the attending phy detached for use as th	Physician/Med	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 □ Yes 2 □ No 9 □ Unknown	3c. If yes, outcome of pregnancy 1 ☐ Live birth 2 ☐ Fetal deat 4 ☐ Pregnant at time of death 9 ☐ Unknown	h 3 Ectopic pregnancy 5 Other (specify)		23d. Date of delivery Month Day Year		
es be	by	Part II ther ignificant condition con	tributing to death but not resulting	in the underlying use use of ending the underlying use of ending the underlying use of ending the underlying use of ending the underlying use of ending the underlying use of ending the underlying use of ending the underlying use of ending the underlying use of ending the underlying use of ending the underlying use of ending the underlying use of ending the underlying use of ending the underlying use of ending the underlying use of ending the underlying use of ending the underlying use of ending the underlying use of ending the underlying use of ending the underlying use of ending the underlying use of ending the underlying use of ending the underlying use of ending the underlying use of ending the underlying use of ending the underlying use of ending the underlying use of ending the underlying use of ending the underlying use of ending the underlying use of ending the underlying use of ending the underlying use of ending the underlying use of ending the underlying use of ending the underlying use of ending the underlying use of ending the underlying use of ending the underlying use of ending the underlying use of ending the underlying use of ending the underlying use of ending the underlying use of ending the underlying use of ending the underlying use of ending the underlying use of ending the underlying use of ending the underlying use of ending the underlying use of ending the underlying use of ending the underlying use of ending the underlying use of ending the underlying use of ending the underlying use of ending the underlying use of ending the underlying use of ending the underlying use of ending the underlying use of ending the underlying use of ending the underlying use of ending the underlying use of ending the underlying use of ending the underlying use of ending the underlying use of ending the underlying use of ending the underlying use of ending the underlying use of ending the underlying use of ending the underlying use of ending the underlying use of ending the underlying use of ending the under	in Part I. 23e. Did to abscess	bacco use contribute to the cause of death?		
The law ite has b	Be Completed	25. Was case referred to medical	ladder, Hin		26. Place of Death (Check only or	prior to completion of cause of death?  2 No 1 Yes 2 No		
ding Phys n. After this funeral dii	Certification: To	27. Manner of Death Natural 5 Pending 2 Accident investigation 3 Suicide 6 Could not be	(Month, Day Year)	Time of 28c. Injury 28c. Injury Work?	at 28d. Describe h	ence 6 Other (Specify) ow injury occurred  itreet and Number or Rural Route Number,		
To the Hospitel or Attentwithin 24 hours after deal To the Funerel Director: completely filled in by the		4 Homicide determined  29a. Certifier 1 ertifying Phys	28e. Place of Injury - At home, building, etc. (Specify)  icien: To the best of my knowledger. On the basis of examination a	ge, death occurred at the time	City or Tow	n, State)		
To the Hi within 24 To the Fi	Medical	29b. Signature and title of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of th	and manner stated.	2 to License		29d. Date signed (Month, Day, Year) HUSLIG 14, ZCO6		
9		30. Name and address of person who co	Duph In Mo	(Type, Print) 550 5	1) many m	5 21224		
Sta Registr		SEP 2 5, 2006	32. Registra's Signatur	was .		,		

State of Maryland / Department of Health and Mental Hygiene Reg. No. 2006 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Month Year **Physician** 11 ZZA M HOLY RITA SCPT 2006 /Medical 4a. Facility Name (If not institution, give street and number) 4c. County of Death 4b. City, Town, or Location of Death Examiner Baltimure, MD 600 LIGHT ST., APT. CITY 934 7. Age (In yrs. last binthday) If Under 1 Year If Under 24 Hrs.

Months Days Hours Min. 5. Social Security Number 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** 1 ☐ M 2 🛛 F 71 Yrs. 220-30-1296 Director 1/30/1935 MARYLAND Usual Residence of Decedent with the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits in than "neturel", or items 23s or 28s-f show the Medical Examiner must be notified at 1 X Yes 2 □ No Director CITY MD BALTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 600 LIGHT ST., APT. 934 21230 USA death Funeral Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. Was Decedent Ever in U.S. Armed Forces? 14. Race - American Indian, Black, White, etc. 11. Marital Status filed within 72 hours after 1X Never Married 2 ☐ Married 1 ☐ Yes 2 No If Yes, Give Year or Dates: Baltimore, Maryland 21215-0036 1 ☐ Yes 2 No Specify: <u>م</u> Specify: WHITE 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) NANNY CHILD CARE 12 18. Mother's Name (First, Middle, Maiden Sumame) 17. Father's Name (First, Middle, Last) FRANK HOLY AGNES 2 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) BRADLEY BAKER -GUARDIAN 2801 N. CALVERT ST., BALTIMORE, MD 21218 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 10/2/06 tX Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☑ Donation 5 ☑ Other (Specify) SACRED HEART OF JESUS CEM, DUNDALK, 21. Signatury 3 Funsial Service Licensee 22. Name and Address of Facility FLETCHER FUNERAL HOME 254 E. MAIN ST., WESTMINSTER, MD 21157 23a. Part / Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or hear failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) Physician Arrhythmia Se cons /Medical Due to (or as a consequence of): Examiner yens CAMBIONGOFATA Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated executions) Due to (or as a consequence of Examiner requires that the death certificate be executed ettending physicien and for use as the burial-transit that initiated events resulting in death) Last Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical IF FEMALE: 23c. If yes, outcome of pregnancy

1 Live birth 2 Fetal death

4 Pregnant at time of death 23d. Date of delivery 23b. Was decedent pregnant 3 DEctopic pregnancy in the past 12 months? 1 ☐ Yes 2 ☐ No Day 5 Other (specify) 9 Unknown 9 Unknown Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? ۵ certificate has been significater, page 2 should be 1 Yes 2 No 3 Probably 4 Monknown Completed 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 1□ Yes 2⊡ No 2 No 1 Tyes To the Hospital or Attending Physician: : After this certification of funeral director, it Be 25. Was case referred to medical 26. Place of Death (Check only one) Hospital: 1 | Inpatient 2 | ER/Outpatient 3 | DOA Other: 4 Nursing Home 5 Assidence 6 Other (Specify) 1 Yes 2 No Certification: To 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 27. Manney of Death 28b. Time of 28d. Describe how injury occurred 1 (Natural 5 Pending death. 1 Tes 2 No 2 Accident investigation within 24 hours after deatl To the Funeral Director: 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) filled in by 4 | Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29a. Certifier 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 05 2113 28 2006 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Boits ND st Carl 21202 10 5 Mun nays Rolans 301 31. Date filed (Month, Day, Year) 32. Registrar's Signature State OCT 0 2 2006 Registrar

		For State Registrar	State of	Maryland /		rtment of H		nd Mental	Hygien	duu	310	71
		Decedent's Name (First, Middle, La	st)					2. Date o	f Death		3. Time	of Death
Physicia: /Medica		ELINOR	HU	GHES				O Month	2	ay Ye		# M
Examine		4a. Facility Name (If not institution, giv	street and num	ber GROOFR	ARKLIN	/4b. City, Town, or	Location of	Death	4	c. County of E	Death	
		FRANKLIN WOO	205	SOUAR D	man	R	oseda]			Balt	imore C	0.
Funeral		5. Social Security Number 6. 5	OM 2DF	7. Age (In yrs. last	birthday)_	If Under 1 Year Months Days	If Under 24 Hours		f Birth , Day, Yea	r) 9.	Birthplace (State Country)	or Foreign
Director	ļ	234-01-9390	LIW ZUFF	93	Yrs.			Nov.	6,19	12 W	West Vir	ginia
and w	ŀ	Usual Residence of Decedent  10a. State 10b. County		10c. City, To	own or Loc	ation					10d. Inside	City Limits
Manyl 1 sho	ō	Massaland				D	3 - 11	_			1 <u>□</u> Ye	s 21 No
the 28a	ec	Maryland Bal  10e. Street and Number	timore			10f. Zip Code	undall	K	10g. C	Citizen of Wha	t Country?	
3a or	٥	2603 Lynbrook	Road				21222	2	ī	United	States	
death ms 2	Funeral Director	11. Marital Status	12. Was Dece	dent Ever in U.S.	13. W	as Decedent of Hi	spanic Origi	in? (Specify Yes o	r No-	14. Race - A	American Indian,	
or ite	בֿ ב	1 Never Married 2 Married	Armed For	2FTNo		Yes, specify Cubai  ☐ Yes ★★No		Puerto Hican, etc	.)		Vhite, etc.	
ral',	o E	3√√Widowed 4 □ Divorced	If Yes, Give Year or Da	ites:		LITES ALALNO	Specify:			Specify:	White	
72 h	ete	15. Decedent's E (Specify only highest gra	ducation (de completed)	11	(Give k	ent's Usual Occupa	luring most d	of working	16b.	Kind of Busine	ess/Industry	
han han	Completed	Elementary/Secondary (0-12)	College (1-	-4or 5+)		O NOT use retired,	)					
lled v tygie ther t		12 Years 17. Father's Name (First, Middle, Last			Cas	hier	18 Mother	's Name (First, Mi			ent_Sto:	re
ntal hed of	Be	Oscar W. Thomps						Susan For		ourname,		
mark matic	2	19a. Informant's Name/Relationship (		1	9b. Mailing	Address (Street a				or Town. Star	te. Zip Code)	
nd 2 s lith ar 27 is r trau		Nancy J. Hughes (	Daugher						-		21222	
s 1 ar		20a. Method of Disposition	-	come	of Dispos	ition (Name of atory or other place	a)	Date	20c.	Location - City	or Town, State	
Page ent o nt: If		XX Burial 2 □ Cremation 3 □ '4 □ Doration		SVETEY /7	* '	ge Mem.	1	10/3/2006	5 EI	lkridge	, Maryla	and
permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or Items 23a or 28a-f show any injery or other traumatic event, it would be controlled at once.	Ì	21. Signature of yneral Service Me		1/1/1/	22	Name and Addres da-Ruck	s of Facility					
Per in Co.		H Wall 10V	pro.	24/1//		22 Wise A		Dundalk,			21222	
1000		23a. Part. Enter the disease, or complications that caused the eath. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  Approximate Interval Between										
Physician		Immediate Cause (Final disease or condition DEMENTIA										Death
/Medical		resulting in death)	Due to (	or as a consequen		, , , , ,						
Examiner		Sequentially list conditions,	b									
	iner	if any, leading to immediate Due to (or as a consequence of): cause. Enter Underlying Cause (Unsease or Infinity)										
and I-tran	Examin	that initiated events resulting in death) Last Due to (or as a consequence of):										
physician and sthe burial-transit	a E		500 10 (0	5. 45 4 55.155quain	00 01).							
phys s the	dica		_ d									
certif nding use a	Ž.	IF FEMALE: 23b. Was decedent pregnant		come of pregnancy						23d. Date of	delivery	
death certifical attending place as t	ciar	in the past 12 months?		rth 2 Fetal deant at time of death		Ectopic pregnancy Other (specify)				Month	Day	Year
that the de led by the a detached f	Physician/Me	1   Yes 2   No 9   Unknown 9   Unknown										
w requires that she should be det	by P	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the								te to the cause of	death?	
an sig	ed	ABDONINAL AORTIC ANEURYSM 10 Yes 20 No 3								2 No 3 E	Probably 4	]Unknown
has begge 2 sh	pie								Was an autopsy	24b. Were	autopsy finding to completion of	s available
The ate has page	Completed							1 D Y	oerformed?	deat	h?	00000
certificate rector, pag	Be (	25. Was case referred to medical examiner?					7.8	of Death (Check of	nly one)			
hysical this call dire	2	1 ☐ Yes 2 No			Outpatient	-	412 Nurs	sing Home 5			Specify)	
After unerg	on:	27. Manner of Death 1 Natural 5 ☐ Pending		h, Day Year)	b. Time of Injury	28c. Injury Work	(?		ribe how in	jury occurred		
death death stor:	icat	2 Accident investigation 3 Suicide 6 Could not be	e Jee Blace	of Injury - At home	farm etro		res 2□N		on /Street	and Number o	r Rural Route Nu	mher
or A after Direct	Certification:	4  Homicide determined	buildin	ng, etc. (Specify)	, ramı, suc	et, lactory, office			r Town, Sta		7 7 10 7 40 7 10 010 7 70	indor,
spita cours neral filled		29a. Certifier 12 Certifying P	nysician: To the	best of my knowled	dge, death	occurred at the tim	e, date and	I place, and due to	the cause	(s) and manne	r as stated.	
To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours after death. To the Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be detached for use as the burial-transit	edica	(Check only 2 Medical Exa	miner: On the ba and mann	isis of examination er stated.	and/or invi	estigation, in my op	oinion, death	n occurred at the t	ime, date a	nd place, and	due to the cause	(s)
To th To th comp	Me	29b. Signature and title of certifier				29c. License				- /	lonth, Day, Year)	
0		Vim Pa	roka	4		D.	400	08		9/2	28/0	6
3		30. Name of address of person who	completed cause	e of deal! (Item 23	a) (Type, F	Print) SQU	100	00 0	4	. 25	11 -	
		JIM PARSHALL	- 910	> FRAN	KLLI	v Jau	MKE	DK. B.	ALTI	MOKE	MID.	
Stat Registra		31. Date filed (Month, Day, Year) OCT 0 2 20		egistrar's Signature	Som	Le .						

DHMH 17 Rev 1/2001

Baltimore, Maryland 21215-0036

Division of Vital Records, P.O. Box 68760,

			1 _ State	te of Maryland / Departm	ent of Health and Meate of Death		ZUUb	31072
			Registrar  1. Decedent's Name (First, Middle, Last)	Cortine		Reg. N 2. Date of Death		3. Time of Death
П	Physicia /Medic		Annie	Hoer		Month D SEPTEMBER	2 24 2004	10324 PM
}	Examin		4a. Facility Name (If not institution, give street a		City, Town, or Location of Death		c. County of Death	
			JOHNS HOPKINS	HOSPITAL B	DALTIMORE (	iTY		
	Funeral		5. Social Security Number 6. Sex 1 M 2		nder 1 Year   If Under 24 Hrs.   8 ths Days Hours Min.	3. Date of Birth (Month, Day, Yea	9. Birthpl	ace (State or Foreign
	Director		248-38-6307 1 M 2 Usual Residence of Decedent	7 7		4-3-2	Soul	14 (arolina
	ylanc how		10a. State 10b. County	10c. City, Town or Location			10	Od. Inside City Limits
	Ba-fs	ctor	DE N.C.	Wilming	iton			1 □Yes 2 No
	with th	Dire	10e. Street and Number	1-	. Zip Code	10g. C	Citizen of What Coun	try?
	death with the Maryland ims 23s or 28s-f show r must be rediffed at	Funeral Director	11. Marital Status 12. Wa	s Decedent Ever in U.S. 13. Was D	ecedent of Hispanic Origin? (Spec	ify Vas or No-	14. Race - America	an Indian
(0	r Iten	Fun	1 Never Married 2 Married 1	ned Forces? If Yes, ]Yes 2 MNo	specify Cuban, Mexican, Puerto R	ican, etc.)	Black, White, e	
8	within 72 hours after ene. then "natural", or Ite	1 by	3 Widowed 4 □ Divorced Ye	es, Give 1 TY ear or Dates:	s 2 No Specify:		Specify: B/	ack
5	natu	etec	15. Decedent's Education (Specify only highest grade comp	leted) 16a. Decedent's (Give kind o	f work done during most of working	16b.	Kind of Business/Ind	ustry
12	within ene. then	Completed by	Elementary/Secondary (0-12)	lege (1-4 or 5+) Reas Bea	utician	1	Hain	
9	Hygid Hygid Dther ent, III	Be Co	17. Father's Name (First, Middle, Last)	tus Den	18. Mother's Name (	First, Middle, Maide	on Surname)	
Maryland 21215-0036	Mental Mental arked c	To B	Boyce Galm	er	ANNI	e Boo	Kee	
lary	2 should and Men ie marke sumatic		19a. Informant Name/Relationship (Type, Pri	19b. Mailing Add	tess (Street and Number or Rural	Route Number, City	or Town, State, Zip	Code)
	ges 1 and 2 should be filed within 72 hours after death with the Marylan it of Health and Mental Hygiene. If Item 27 is marked other then "natural", or Items 23s or 28s-1 show or other traumatic event, Ite Medical Examinations must be rediffed.		Jewell P. Huey	(Daughter 619 E.	1045+, Wila	nington,	DE 19	801
Baltimore,	Pages 1 nent of H int: If Ite iry or otl		20a. Method of Disposition  ☐ Burial 2 ☐ Cremation 3 ☐ Remova	20b. Place of Disposition cemetery, crematory	(Name of Da or other place)	1 .	Location - City or To	wn, State
草	C 43 -3		4 □ Donation 5 □ Other (Specify)  21. Signatur 1 Funeral Service Licestee	Gracelaun	(emetery 1014	106 No	wastle,	Delaure
Ba	Depart Depart Import any nj		21. Signatural Pulleran Service Licesce	Lui Do	TOWER LA	DME LOK!	DILMINATO	DE 19801
			23a. Part1. Enter the disease, or complications	that caused the death. Do not enter the	mode of dying, such as cardiac or		1	Approximate
, p	Physician		shock, or heart failure. List only one cause Immediate Cause (Final disease or condition			3 C		Interval Between Onset and Death
	/Medical		resulting in death)	Oue to (or as a consequence of):	ISTEM FAILUR	CE		10 gars
8	Examiner		Sequentially list conditions, b.	ongestive NE	eart taili	ire	3	Worth 3
	ed sit	nine	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	ue to (or as a consequence of):				
	al-trar	Examiner	that initiated events c	ue to (or as a consequence of):				
8760,	icate be executed physicien and s the burial-transit	dicai	d					
9	ng ph	0	IF FEMALE:					
Вох	leath certific attending p	by Physician/M	23b. Was decedent pregnant 15 in the past 12 months?		23d. Date of deliver	ate of delivery Ionth Day Year		
o O	the a	ysic	1 □ Yes 2 X No. 4 =	Pregnant at time of death 5 Che Unknown	r (specify)		Wichiti	Suy , ou.
P.O.	The law requires that the death certific site has been signed by the attending page 2 should be detached for use as	Ph.	Part II. Other significant conditions contributing	g to death but not resulting in the underlyi	ng cause given in Part I.	23e. Did tobacco	use contribute to the	e cause of death?
Division of Vital Records,	auires n sign	Q p				1 ☐ Yes	2□No 3□Proba	abiy 4 DUnknown
Ö	law require as been si 2 should t	Completed				24a. Was an	24b. Were autop	sy findings available
<u>"</u>	The lav	E O				autopsy performed? 1 ☐ Yes 2 Ø N	death?	ptetion of cause of
Ita	striffice ctor, I	Bec	25. Was case referred to medical examiner?		26. Place of Death	Partition of the second	-	~
<u>5</u>	hysic this co	P.	1 ☐ Yes 2 X No Hospita	Inpatient 2 LI ER/Outpatient 3L			6 ☐Other (Specify	
Ę.	Jing F After funera	io	1 □Natural 5 □ Pending	Date of Injury (Month, Day Year)  28b. Time of Injury	Work?	d. Describe how inj	ury occurred	
İSİ	Attendide death ctor: A y the fi	ficat	2 Accident investigation 3 Suicide 6 Could not be 28e	Place of Injury - At home, farm, street, fa	1 Yes 2 No	f. Location (Street a	and Number or Rural	Route Number
<u>S</u>	al or A	Certification:	4 Homicide determined 286	building, etc. (Specify)	siony, onloc	City or Town, Sta		
	To the Hospitel or Attending Physician: The I within 24 hours after death.  To the Funeral Director: After this certificate he completely filled in by the funeral director, page		29a. Certifier  (Check only 2 Madical Examinar: Or	To the best of my knowledge, death occu the basis of examination and/or investiga	rred at the time, date and place, an	d due to the cause(	s) and manner as sta	ited.
	the H nin 24 the Fi nplete	Medical	one) an	d manner stated.	<u>.</u>			
ı.	S T WE	_	29b. Signature and title of certifier	1 5	29c. License number		ate signed (Month, E	
2	0		20. Name and address of access who are stated	d spurse of death (Item 22a) (Time Drive)	AJ414735.	7 SEP	TEMBER ?	24 2006
- [	7		30. Name and address of person who complete	600 NORTH	WOLFE STREE	T RNT	MADE MAD	41 han 217.8
	Sta	te	31. Date filed (Month, Day, Year)	32. Augistrar's Signatura	4-	1250 F	TOINE THE	Lary City
	Registr	ar	OCT 0 2 2006	Blockers St. Good				

DHMH 17 Rev 1/2001

		1	For State Registrar	State of Maryla		artment of He			ene 006	31073
	Physicia		1. Decedent's Name (First, Middle, Last) Richard Odell	Ingram				2. Date of Death Month	Day Year 28 200	3. Time of Death
	/Medic Examin		4a. Facility Name (If not institution, give	street and number)		4b. City, Town, or	Location of Death		4c. County of Dea	9
	Funeral		5. Social Security Number 6. Security Number 10		rs. last birthday)	If Under 1 Year Months Days	If Under 24 Hrs. Hours Min.	8. Date of Birth (Month, Day,	Year) 9. Bi	rthplace (State or Foreign ountry)
	Director		Usual Residence of Decedent		80 Yrs.			08.72.	1920	10d. Inside City Limits
	Marylar	tor	10a. State N/A	106.	Balti					1 ⊠rYes 2 □ No
	72 hours after death with the Maryland insturat; or itema 23a or 28a-f show dieal Examinar must be routified at	Funeral Director	3766 Columbus	Drive		10f. Zip Code	21215	10	g. Citizen of What C USA	ountry?
	er death itema 2;	unera	11. Marital Status  1 □ Never Married 2 ☑ Married	12. Was Decedent Ever in Armed Forces? 1 ☐ Yes 2 ☑No	n U.S. 13.	Was Decedent of His If Yes, specify Cubar	spanic Origin? (Spen, Mexican, Puerto	ecify Yes or No- Rican, etc.)	14. Race - Am Black, Wh	
900	hours af	þ	3 ☐ Widowed 4 ☐ Divorced  15. Decedent's Edu	If Yes, Give Year or Dates:	16a Dece	1 ☐ Yes 2 XXX No	Specify:	11	Specify: 1	SIACIL
21215-0036	s within 72 jiene. r than "nal	Completed	(Specify only highest grad	College (1-4or 5+)	(Give	kind of work done d DO NOT use retired; Weld-	uring most of work	ing	Priva	
	Hyge Hyge	Be Co	17. Father's Numbe (First, Middle, Last)	10/4		700104	18. Mother's Name		laiden Surname)	
Maryland		2	AVNOS Ingram  19a. Informant's Nam actionship (T)	rpe, Print)	19b. Maili	ing Address (Street a			City or Town, State,	Zip Code)
	1 and Health am 27 ther tr	1	Catherno Ingran 20a. Method of Disposition	20	b. Place of Disp				nore MD	Town, State
Baltimore,	0 = 5		1 DiBurial 2 Cremation 3 4 Donation 5 Other (Specify)		Woodla	wn Cemel	en 10.0	3.06	Woodlaw	n, MD
Ba	permit. Pag Department Important: any injury o	1 10	21. Signature of uneral Service Licens	ntoon		2. Name and Addr Jangha C. G 4105 York				
	Pnysician		23a. Party. Enter the disease, or comp shock, or heart failure. List only o Immediate Cause (Final	lications that caused the energy august on each line.	C ( 2	er the mode of dying	g, such as cardiac	or respiratory arre	st,	Approximate Interval Between Onset and Death
	/Medical Examiner		disease or condition resulting in death)	Due to (or as a con	isequence of):	ICE4				4mths
	be sit	liner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	b. Due to (or as a con	sequence of):					
ó,	te be executed ysicien and te burial-transit	Examiner	that initiated events resulting in death) Last	cDue to (or as a con	sequence of):					
68760,	tificate b ig physic as the b	ledical		d						
O. Box	The law requires that the death certificate be executed ate has been signed by the attending physicien and page 2 should be detached for use as the burial-transit	Physician/Med	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 ☐ Yes 2 ☑ No 9 ☐ Unknown	23c. If yes, outcome of pre 1 □ Live birth 2 □ □ 4 □ Pregnant at time 9 □ Unknown	Fetal death 3	□Ectopic pregnancy □ Other (s <i>pecify)</i>			23d. Date of d Month	elivery Day Year
rds, P.O.	w requires that I been signed by should be deta	5	Part II. Other significant conditions or	ontributing to death but not	t resulting in the	underlying cause give	en in Part I.	23e. Did tob	V	to the cause of death?  Probably 4 □Unknown
Il Records,	The law requisate has been page 2 shouk	Completed							y prior to death' No 1 □ Yo	autopsy findings available o completion of cause of ? es 2 \sum No
f Vital	ding Physician: The In. h. After this certificate ha funeral director, page	To Be	25. Was case referred to medical examiner?  1 Yes 2 No	Hospital: 1   Inpatient	2 - ER/Outpatie	ent 3 DOA Oth		h (Check only on ome 5 & Reside	e) nce 6 □Other <i>(St</i>	pecify)
on of	eath. or: After th		27. Manner of Death 1 □ Natural 5 □ Pending 2 □ Accident investigation	28a. Date of Injury (Month, Day Yea	28b. Time Injury	Wor	yat k? Yes 2 ⊡No	28d. Describe ho	w injury occurred	
Division	or Attendia after death. Director: A in by the fu	Certification:	3 Suicide 6 Could not be 4 Homicide determined	28e. Place of Injury - building, etc. (S)	At home, farm, soecify)	street, factory, office		28f. Location (St City or Town		Rural Route Number,
_	To the Hospital or Attent within 24 hours after death To the Funeral Director: completaly filled in by the	Medical Ce	29a. Certifier 1. Certifying Ph (Check only one)	ysician: To the best of my niner: On the basis of exa and manner stated.	/ knowledge, dea mination and/or	ath occurred at the tin	ne, date and place pinion, death occur	and due to the carred at the time, d	ause(s) and manner ate and place, and d	as stated. ue to the cause(s)
	To the To the comple	Med	29b. Signature and title of certifier	and marmor states.		29c. Licens		2	9d. Date signed (Mo	nth, Dey, Year)
	1		30. Name and address of person who	completed cause of death	(Item 23a) (Type		53088	164 0	112417	1000
)		oto	A	n KO CKUP  32. Registrar's S	1838	breene	Tree:	4735 M	out Man	land 21208
	Regist	ate trar	OCT 0.2	W 8.	12	Books -				

ORIGINAL

DHMH 17 Rev 1/2001

			1 - For State Ragistrar	State of M	larylan				ealth a Death	and M		jiene 20	106	310	74
	Physici		1. Decedent's Name (First, Middle, La THEODORE J JO			-	,				2. Date of Dea Month	th Day 23	Year	3. Time o	
E	/Medio Examir		4a. Facility Name (If not institution, given MARY LAND GEN	e street and number		L		Town, or LTIM(	Location o	of Death		4c. Cou	nty of Death		
	Funeral Director		216-16-1570	- Edu	ge (In yrs. 82	last birthday) Yrs.	If Unde Months	r 1 Year Days	If Under: Hours	24 Hrs. Min.	8. Date of Birth (Month, Day	; Year)	9. Birth	place (State intry)	or Foreign
	Maryland s-f show	tor	Usual Residence of Decedent  10a. State  10b. County  MD  BALTIMO	ORE CITY		y, Town or Lo			<u> </u>					10d. Inside C	ity Limits
	3a or 28	i Director	10e. Street and Number 2700 N CHARLES	ST			10f. Zi	Code 21	218		1	0g. Citizen d		intry?	
920	ges 1 and 2 should be filed within 72 hours after death with the Maryland it of Health and Mental Hygiene.  If item 27 is marked other than "neturel", or Iteme 23a or 28a-f show or other treumatic event, the Madical Examinar must be notified at	by Funerai	11. Marital Status  1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Deceden Armed Forces 1 XYes 2 [If Yes, Give Year or Dates:	?   No		Was Dece If Yes, spe 1 \( \text{Yes}	11.4	spanic Origin, Mexican	gin? (Spe , Puerto f	cify Yes or No- Rican, etc.)	14. R 8	lace - Ameri llack, White		
21215-0036	d within 72 ho jiene. ir then "netur ir he Medical	Completed	15. Decedent's E (Specify only highest gr.		5+)	life.		ork done d ise retired	luring most	of working	ng	16b. Kind of		ndustry 1 St	ee L
Maryland :	should be filed a ind Mental Hygis marked other umatic event, It	To Be C	17. Father's Name (First, Middle, Last John John:	SON					Ha	Hie	(First, Middle,	Maiden Sum	ame)		
	and 2 shu salth and n 27 is m		19a. Informant's Name/Relationship ( Audrey Joh	Type, ProDaw	epter		<ul><li>OB16</li></ul>		and Numbe	_	Route Number	, City or Tow	vn, State, Zi	p Code)	
Baltimore,	7 7 e a		20a. Method of Disposition 1		1 0	lace of Dispo	sition (Na	me of			9/06	Po In		own, State	\
Balti	Depermit. Depertm Importa: eny inju		21. Signature of Funeral Service Lice	nsee Su	I		Name a	d Addres	s of Eacilit	een	e Fru Baldo	seral	Ser	vice	5
	Physician /Medical Examiner		23a. Part1. Enter the disease, or com shock, or heart failure. List only Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions.	a. SEP  Due to (or a	line. Sissing significant services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the serv					cardiac o	r respiratory arr	est,		Approxima Interval Be Driset and	tween
8760,	cate be executed physicien and the burial-transit	dical Examiner	if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last		. RET	VAZ F									
.O. Box 6	the death certifi by the attending I ached for use as	Physician/Med	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1  Yes 2 No	23c. If yes, outcom 1 □ Live birth 4 □ Pregnant a 9 □ Unknown	2 Feta	Ideath 3□	Ectopic p Other (s						Date of deliv	•	Year
rds, P.	w requires that been signed b should be deta	ρ	Part II. Other significant conditions	contributing to death	but not res	ulting in the u	nderlying	ause give	n in Part I.			baccouseco es 2□No		the cause of o	
		Completed								_	24a. Was a autops perform	y	b. Were auto prior to co death? 1 🗌 Yes	opsy findings ompletion of a	available ause of
Vita	hysicion: The la his certificete has I director, page 2	To Be	25. Was case referred to medical examiner? 1 ☐ Yes 2 ☒ No	Hospital:	ient 2 🗆	ER/Dutpatien	t 3 D	Othe			Check only on		ther (Speci	fu)	-11-12-2
ion of	ding P h. After t funera		27. Manner of Death  1 XNatural 5 Pending 2 Accident investigation	28a. Date of Inj (Month, D	ury	28b. Time of Injury		28c. Injury Work		2	8d. Describe ho				
DIVIS		Certification:	3 Suicide 6 Could not to determined	289. Place of it	njury - At ho	ome, farm, str v)	eet, factor	y, office		2	8f. Location (SI City or Town		mber or Rur	al Route Nun	nber,
	To the Hospital or Mithin 24 hours afte To the Funeral Dir Cumpletely filled in I	edicai	29a. Certifier (Crock only and)  1 Certifying Pl 2 Medical Example only and and an example only and an example only and an example only and an example only and an example only an example only and an example only an example only an example only an example only an example only an example only an example only an example only an example only an example only an example only an example only an example only an example only an example only an example only an example only an example only an example only an example only an example only an example only an example only an example only an example only an example only an example only an example only an example only an example only an example only an example only an example only an example only an example only an example only an example only an example only an example only an example only an example only an example only an example only an example only an example only an example only an example only an example only an example only an example on example only an example on example only an example on example on example on example on example on example on example on example on example on example on example on example on example on example on example on example on example on example on example on example on example on example on example on example on example on example on example on example on example on example on example on example on example on example on example on example on example on example on example on example on example on example on example on example on example on example on example on example on example on example on example on example on example on example on example on example on example on example on example on example on example on example on example on example on example on example on example on example on example on example on example on example on example on example on example on example on example on example on example on example on example on example on example on example on example on example on example on example on example on example on example on example	nysician: To the bes miner: On the basis and manner s	of examina	wledge, death tion and/or inv	occurred estigation	at the tim	e, date and inion, deal	d place, a th occurre	and due to the co	ause(s) and ate and plac	manner as s e, and due t	stated. to the cause(s	5)
	No the within 2 To the	ž	29b. Signature and title of certifier	Arrel - co			29	c. License	number		2	9d. Date sign			
,	5		30. Name and address of person who		ZA AF		Print) (V	89.	LAN I	2 G	ENERA	L HO	09. 25PIT	23-0	16
	<b></b> ✓ Sta	to.	31. Date filed (Month, Day, Year)	32 Benis	trar's Signa	turo	VC.	BA	LTO	M	0 313		-		
	Registr		OCT 02	2006	Marie a	19	San &	<i>i</i> ,							

				For State Registrar		State	of Maryl			ment of Ficate of		and Men		giene 0	06	3107	5
				1. Decedent's Name (First, Mi	iddle, Last	)							Date of Dea	ıth		3. Time of Dear	th
		Physici		Shirley L. K	celle	r							Month ntemb	er 23.	Year 2006	8:00 Pm	м
	ž.	/Medic Examir		4a. Facility Name (If not institu			ımber)	-	4	c. City, Town, o	r Location		ресшь		ity of Death		11
				Homewood at	Crum	land F	arms			Frederi	ck			Fre	deric	1-	
-		Funeral	*	5. Social Security Number	6. Se	x		yrs. last birth	day) I	Under 1 Year	If Unde	or 24 Hrs. 8. [	Date of Birth	1		place (State or For intry)	reign
D		Director		217-12-7373	1	]M 2 <b>∏</b> F	86	б ^{Үг}	rs.	onths Days	Hours		Month, Day $c 12$ ,			yland	
4		<b>D</b> .		Usual Residence of Decedent											, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
P		thow	_	10a. State 10b. Cou	nty		100	c. City, Town	or Locati	ion						10d. Inside City Lin	
00		Ba-f	cto	MD Free	deric	:k		Frede	rick	τ					i	1 Tes 2 X	No
0		ith th	Director	10e. Street and Number						10f. Zip Code				10g. Citizen o	f What Cou	intry?	
Ď		23£		747 Willow Roa	ad						2170	2			USA		
		r deg	Funerai	11. Marital Status		12. Was Dec Armed F		in U.S.	13. Was	Decedent of H	tispanic Or an, Mexica	rigin? (Specify an, Puerto Rica	Yes or No-	14. R	ace - Amer lack, White		
	36	or It		1 Never Married 2 N		1 Tyes If Yes, G	2 X No ive			Yes 2∑ No			,		ify: wh.		
	5-0036	ural	d by	3 ☑ Widowed 4 □ Divord		Year or i	Dates:								WII.		
9	5	n 72 n	Completed	15. Dece (Specify only hig	dent's Edu ghest grad	ication <i>le completed</i> ,	)	(	Give kini	's Usual Occup of work done	during mo:		unk	16b. Kind of	Business/II	ndustry <b>U</b> I	nk
0	2121	withir ane. than	d L	Elementary/Secondary (0-1:			(1-4or 5+)		irie. DO	NOT use retired	a)						
23/06	2	filed within 72 hours after death with the Maryland Hygiene. uther then "natural", or Items 23s or 28s-f show snt. The Medical Evareiner must be notified.		unk 17. Father's Name (First, Midd	un	ık.					19 Moth	ner's Name (Fin	et Middle	Maidon Sum	2001		
Ň	anc	otal led of	Be	Harry John I		eck					TO. NICITI	Carrie			anie)		
$\sigma$	Maryland	d 2 should be filed within 72 hours after death with the Marylan th and Mental Hygiene. ?? Is marked other than "natural", or Items 23s or 28a-1 show traumetic event. The Medical Examinational be notified.	은	19a. Informant's Name/Relation				10h A	Mailing A	ddroce /Stroot	and Numb	ber or Rural Ro			- State 7	n Codo)	
	<b>≥</b>	d 2 s th an t7 ls trau				,,,,,,,,			- 10							b code)	
00		ss 1 and 2 of Health a item 27 li		John Keller/s 20a. Method of Disposition	on		20	b. Place of D	Dispositio	n (Name of	- 1	Middle	_	MD Z. 20c. Location	1769	own State	-
4	õ	Pages nent of H ant: If ite		1 Burial 2 Crematic				cemetery,	cremate	ory or other place	ce)			EUO. EUOANOI	Oity or .	own, clate	
000	Baltimore,	it. Partme		'4 XDonation 5 ☐ Other			1		00 11		4 511	U.S.					
H	Ba	permit. Page Department of Importent: If any injury or once.		21. Signature runeral Sirv.	1//	Tark Comment	rect	tor	Sta Bal	te Anat timore,	omy I	Board 6. 21201	55 W.	Balti:	more	Street	
				23a. Part1 Enter the disease shock, or heart failure. I	, or compl List only or	ications that ne cause on	caused the deach line.	death. Do no	t enter ti	ne mode of dyin	ng, such as	s cardiac or res	piratory arr	rest,		Approximate Interval Between	
4		Prrysician		Immediate Cause (Final disease or condition		m		eti							- 4	Onset and Death	
		/Medical		resulting in death)		Due to	or as a cor	nsequence of	):							1 more	
Q	4	Examiner		Conventially list annulities	т.	h											
7-		7.5	ner	Sequentially list conditions, if any, leading to infinediate cause. Enter Underlying Cause (Disease or injury	•	Due to	(or as a cul-	ізэдивлюв от,	).								
000	2	cuter nd ransi	Examiner	triat initiated events		c											
	o,	be executed sician and burial-transit		resulting in death) Last		Due to	(or as a con	nsequence of)	):								
Shirle	8760	icate be executed physician and the burial-transit	dical			d											
00	Θ		Med	IF FEMALE:	1										-		
Š	XO	death certifi e attending I od for use as	Physician/Me	23b. Was decedent pregnant	2	23c. If yes, ou	tcome of prebirth 2 1		3∏Ed	opic pregnancy	,				ate of deliv	•	
4	Э.	0 0	sicia	in the past 12 months? 1 ☐ Yes 2 ☑ No			nant at time			her (specify)				N	fonth	Day Year	
$\subseteq$	0.	that the de ed by the detached	h	9 🗆 Unknown													
shysicia	Ś	The law requires that the ate has been signed by the bage 2 should be detache	by F	Part II. Other significant cond	ditions con	ntributing to o	///		he unde	lying cause give	en in Part	I.				he cause of death?	- 1
0	ord	v requir been si should		Chrism Ol	m	isted.	Kels	way		Resce	el		1 🗆 Yı	es 2 🖳 No	3 Pro	babiy 4 ∐Unkno	)Wn
S	ecord	e law r has be je 2 sh	Completed									:	24a. Was a		. Were auto	opsy findings availa	able
7	Ä	The late has page	E										perform	med?	death?		OI
9	ita		Ø.	25. Was case referred to med	ical						26. Plac	e of Death (Chi					
0	<b>f</b> <	ys Si	To B	examiner? 1 ☐ Yes 2 ② No	F	lospital:	Inpatient	2 ER/Outp	atient :	DOA Othe		lursing Home			ther (Specia	(v)	
7	Jο	ding Ph n. After th funeral		27. Manner of Death 1 ☑Natural 5 ☐ Pen	4:	28a. Date	of Injury oth, Day Yea	28b. Tin		28c. Injun Worl				ow injury occu		,,	
,	<u>0</u>	Attending r death. ector: After by the fune	atic	2 Accident inve	stigation	,	,,	, ,,,,			Yes 2	]No					
2	Division		ertification;		uld not be ermined	28e. Place	of Injury - /	At home, farm	n, street,	factory, office			ocation (St		ber or Rur	al Route Number,	
3	Ö	pital or At ours after d ieral Direct filled in by	Cer					,,					,	, 0.0.07			
Snown		Hos Fur Flur	edical	29a. Certifier 1 Certification (Check only one) 1 Medic	lying Phys cal Exami	ner: On the b	e best of my pasis of exam ner stated.	knowledge, o mination and/o	death oc or invest	curred at the tin igation, in my of	ne, date ar pinion, dea	nd place, and d ath occurred at	lue to the ca the time, d	ause(s) and n ate and place	nanner as s , and due t	tated. the cause(s)	
=		To the within 2 To the Complex	Me	29b. Signature and title of cert	ifier					29c. License	e number		2	9d. Date sign	ed (Month,	Dey, Year)	
		,- > F 0		Blas	5		16	in	10		3/14	96		5/1	1/20	rl	
				30. Name and address of pers	on who co	ompleted cau	se of death	(Item 23a) (To	vpe. Prin	t)	- 1			110	/		
				Errasi la	2 /	Porter	m	07 71	00	W. 91%	3 17	1 fores	lered	me	217	0)	
	m	Sta	te	31. Date filed (Month, Day, Ye	ar)	32. F	Registrar's S	ignature	e .			- 1 - 1	-				
		Registr		OCT 0 2	2006	130	2140 1	15 B	234	and a second		96 ) Fren					

State of Maryland / Department of Health and Mental Hygiene For State Registrer Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month Day **Physician** Sept 27 2006 Helen Kins 49 /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner If Under 1 Year If Under 24 Hrs.

Months Days Hours Min. 5. Social Security Number sout-Husa-t-1 marc 6. Sex 7. Age (In vrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** 1 ☐ M 2 🗹 F Director 008-14-2494 08/08/1917 VT Usual Residence of Decedent the Maryland 10a. State 10d. Inside City Limits 10b. County 10c. City. Town or Location 28a-1 show event, the Mudical Examiner must be notified at 1 ☐ Yes 2 Z No Directo MD Baltimore Pikesville 10e Street and Number 10f. Zip Code 10g. Citizen of What Country? filed within 72 hours after death with or iteme 23a or 806 Painted Post Court 21208 United States Funerai 12. Was Decedent Ever in U.S. Armed Forces? 1 ☐ Yes 2 No If Yes, Give Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indian, Black, White, etc. 11. Marital Status 1 Never Married 2 Married Specify: White Baltimore, Maryland 21215-0036 1 ☐ Yes 2 Z No þ Specify: 3 \(\infty\) Widowed 4 □ Divorced Year or Dates "naturai", Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Hospitality al Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) Housekeeping Supervisor 12 permit. Pages 1 and 2 should be file.
Department of Health and Mental Hyg.
Important: if Item 27 is marked other
eny injury or other treum-it. 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Fred Johnston Esther Niles 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mrs. Verna T. Urso/Grandchild 806 Painted Post Court Pikesville, MD 21208 20b. Place of Disposition (Name of cemetery, crematory or other place) Date 20a. Method of Disposition 20c. Location - City or Town, State Oct 2 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State Beltsville, Maryland 4 ☐ Donation 5 ☐ Other (Specify) Chesapeake Crematory Inc. 2006 21. Signature of Funeral Service Licenses M00986 Cremation and Funeral Alternatives 8717 Green Pastures Drive Baltimore, Maryland 21286-23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) Physician a Mcute MYOCOMPLET INTERCTION /Medical Due to (or as a consequence of): Examiner Sequentially list conditions, Tay, Leading to Immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to for as a consequence ra. lune Examiner or Attending Physician: The law requires that the death certificate be executed use as the burial-transit Same and Due to (or as a consequence of): Box 68760, the attanding physicien Physician/Medical IF FEMALE 23c. If yes, outcome of pregnancy
1 ☐ Live birth 2 ☐ Fetal death
4 ☐ Pregnant at time of death 23b. Was decedent pregnant 23d. Date of delivery 3 Ectopic pregnancy in the past 12 months? jo Day Year 5 Other (specify) P.O. I 9 Unknown signed by Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? þ Division of Vital Records, After this certificete has been signe funeral director, page 2 should be 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown Be Completed 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed 1 ☐ Yes 2 No 1 Yes 2 No 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Hospital: Other. 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 ☐ Yes 2 2 No Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred s effer dea. 1 Natural 5 ☐ Pending 2 Accident 1 Tes 2 No investigation 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) filled in by 4 - Homicide To the Hospital within 24 hours e To certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical completely (Check only 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 1 Clas 022085 Sept. 27 2000 30. Name and address/of person who completed cause of death (Item 23a) (Type, Print) 21137 31. Date filed (Month, Day, Year) 5310 Court 00 Ruca 32. Registrar's Signature State 200 OCT 0 2 2006 Registrar

State of Maryland / Department of Health and Mental Hygiena For State Registre Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** Year Elizabeth Dillon Kossiakoff 9:15 A^M September 27,2006 /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Edgemere 7409 Chesapeake Avenue Baltimore Co. 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. 5. Social Security Number 6. Sex 8. Date of Birth (Month, Day, Year) Birthplece (State or Foreign Country) **Funeral** Days Hours 1 □ M 2 🖾 F Director Yrs. 220-22-7975 5,1928 Maryland 78 Aug. Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f ehow the Medical Examiner must be notified at 1 ☐ Yes 2 X No Edgemere Directo Maryland Baltimore 10e, Street and Number 10f. Zip Code 10g. Citizen of What Country? 5 21219 United States 7409 Chesapeake Ave. itеme 23a Funeral filad within 72 hours after death 12. Was Decedent Ever in U.S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status 14. Race - American Indian, Black, White, etc. l □Yes 2 No If Yes, Give Year or Dates: 1 Never Married 2 Married Baltimore, Maryland 21215-0036 ö 1 ☐ Yes 24 No Specify: Completed by 3 Widowed 4 □ Divorced "naturel", White 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry other then Elementary/Secondary (0-12) College (1-4or 5+) Own Home Homemaker parmit. Pages 1 and 2 should be filad v Dapartmant of Haalth and Mantal Hygier importent; If item 27 is marked other till eny lnjury or other traumatic event, III ance. 12 Years 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Helen Eaton John W. Dillon, Sr. 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Peggylee Williams (Daughter) Edgemere, Maryland 8822 Avenue B 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 20a. Method of Disposition 1 ₺ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 9/30/2006 Baltimore, Maryland Oak Lawn Cemetery 21. Signature of Funeral Service Licensee 22. Name and Address of Facility Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Ave. Dundalk, Maryland lones 232 Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Immediate Cause (Final disease or condition resulting in death) Onset and Death **Physician** netactatic uncer Jung /Medical Due to (or as a consequence of): Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of) physician and s tha burial-transit To the Hospital or Attending Physician: The law requires that the death cartificate be executed Due to (or as a consequence of) Box 68760 by Physician/Medical attanding | IF FEMALE: 23c. If yes, outcome of pregnancy 1 Live birth 2 ☐ Fetal death 23d. Date of delivery 23b. Was decedent pregnant 3 Ectopic pregnancy in the past 12 months? 1 ☐ Yes 2 ☐ No Month Day Year 4☐ Pregnant at time of death 5 Other (specify) ed by tha a o 9 Unknown 9 Unknown Records, P. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Completed 24a. Was an 24b. Were autopsy findings available prior to completion of cause of death? autopsy 1 Yes 2 No 1 Yes 2 No Division of Vital 25. Was case referred to medical 26. Place of Death | Check only one) Hospital: 1 | Inpatient 2 | ER/Outpatient 3 | DOA Other: 4 ☐ Nursing Home 5 ☑ Residence 6 ☐ Other (Specify) Certification: To 1 ☐ Yes 2 ₹ No this Aftar thi 28a. Date of Injury (Month, Day Yeer) 27. Manner of Death 28c. Injury at Work? 28b. Time of 28d. Describe how injury occurred 1 Natural 5 Pending death. 1 ☐ Yes 2 ☐ No investigation 2 Accident Director: d in by tha 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) within 24 hours aftar d To the Funerel Direct complataly fillad in by 4 Homicide 29a. Certifier 1/2 Certifying Physicien: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. Medical 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29c. License number 29b. Signature and title of certifier 035763 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) baltimore Md 21224 BaxviewCircle Grace A. Cordts 5505 HOPKINS 31. Date filed (Month, Day, Year) 32. Registrar's Signature State Registrar

DHMH 17 Rev 1/2001

**ORIGINAL** 

2006

State of Maryland / Department of Health and Mental Hygien 2005 31078 1 - State Registra Certificate of Death Rag. No. 2. Date of Death 3. Time of Death Decedent's Name (First, Middle, Last) Melvin **Physician** Lauren 11:24 PM 2006 /Medical 4c. County of Death 4a. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Death Examiner Baltinere If Under 1 Year | If Under 24 Hrs. 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** 1 ☐ M 2 ☐ F Min. Days Hours Yrs. ÔН JANUARY 26, 1928 Director 301.14.4890 Usual Residence of Decedent death with the Maryland permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylan Department of Health and Mental Hygiene.
Important: If item 27 is marked other than "natural", or items 23a or 28e-f show say injury or other fraumatic avent, the Modical Exprinition on the fraumatic avent, the Modical Exprinition of the found of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of the firethead of 10c. City, Town or Location 10d. Inside City Limits 10a, State 10b. County 1 Yes 2 No Director GLEN BURNIE ANNE ARUNDEL 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? USA Funeral 806 MEADOWBROOKE RD. 21061 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. Was Decedent Ever in U.S. Armed Forces? 14. Race - American Indian, 11. Marital Status Black, White, etc. 1 ☐ Yes 2 ☐ No If Yes, Give XX Year or Dates: 1 Never Married 2 Married Baltimore, Maryland 21215-0036 1 ☐ Yes XX No Specify: ģ 3 ☐ Widowed 4 ☐ Divorced WHITE Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) 10 **PROPRIETOR** VENDING 18. Mother's Name (First, Middle, Maiden Surname) 17. Father's Name (First, Middle, Last) Be MINNIE JACOBSEN TRUEITT HAMILTON LANEY 19a, Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) WIFE 806 MEADOWBROOKE RD. CLEN EURNIE, MD 21061 KATHARINE LANEY 20b. Place of Disposition (Name of 20c. Location - City or Town, Slate 20a. Method of Disposition cemetery, crematory or other place) N Burial 2 ☐ Cremation 3 Removal from State PARKWOOD CEMETERY 4 ☐ Donation 5 ☐ Other (Specify) OCT. 3, 2006 BALTIMORE, MD of uneral Service Lice CREGORY TINK 21. Signatu 22. Name and Address of Facility
FINK FUNERAL HOME, P.A. 1401148 426 CRAIN HWY SW GLEN BURNIE, MD 21061 Approximate Interval Betwe Onset and De Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, or heart failure. List only one cause on each line. Immediate Cause (Final disease or condition resulting in death) > Opset and Death **Physician** /Medical Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events a resulting in death) Last Examine attending physicien and for use as the burial-transit The law requires that the death certificate be executed Due to (or as a consequence of): Records, P.O. Box 68760 Physician/Medical 23c. If yes, outcome of pregnancy 1 Live birth 2 Fetal death 23d. Date of delivery 23b. Was decedent pregnant in the past 12 months?
1 ☐ Yes 2 ☐ No 3 Ectopic pregnancy Month signed by the at Id be detached fo 4☐Pregnant at time of death 5 Other (specify) 9 Unknown Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? þ arteriosclenotic 197es 2 No 3 Probably 4 Unknown should Completed 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? 2 🗌 No certificate 1 ☐ Yes 2 ☐ 110 1 Tyes Division of Vital To the Hospitel or Attending Physicien: Be 25. Was case referred to medical examiner? 26. Place of Death | Check only one Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Inpatient 2 ER/Outpatient 3 DOA this 28a. Date of Injury (Month, Day Year) After thi 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Certification: Natural 5 Pending 1 ☐ Yes 2 ☐ No М investigation 2 Accident within 24 hours after death

To the Funeral Director:
completely filled in by the t 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 - Homicide To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier (Check only one) 29c. License number 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifier ATTeudura DS6390 who completed cause of death (Item 23a) (Type, Print) 30. Name and address of egistrar's Signature 31. Date filed (Month, Day, Year) State 2006 Registrar

DHMH 17 Rev 1/2001

06-07267 Janice Letmate

Please Type or Print in Black Indelible Ink State of Maryland / Department of Health and Mental Hygiene

g. <b>N</b> o.	2	0	0	6	3	0	7	9
,								_

		1- For State Registrar		Certific	cate of	Death			Reg. No.	2000	5 3107
Physici	an/	Decedent's Name (First, Midd	le,Last)					2. Date of De			3 Time of Death
Medical Exami	ner	Ja	nice Letr	nate				Septemi	Day Der 26, 20	Year 006	1931 hrs
-		4a. Facility Name (if not institution	on, give street and nu	mber)	4	b. City, Town, o	r Location of E	Death	4c. C	ounty of Death	·
		Johns Hopkins Bayvie	ew Medical Cent	ter		Baltimpre (	City		į	N,	/A
Funeral		5. Social Security Number	6. Sex	7. Age (In yrs. last b	irthday)	If Under 1 Ye			Birth (MM/DD		place (State or
Director		212-36-6048	1M 2	67	Yrs.	Months Da	ys Hours	Min. Dec.	23, 1	938 Cou	ntry) Maryland
	F	Usual Residence of Decedent		<u> </u>		<u> </u>		1 500.	20, 2		Tiar y Tarra
any		10a. State 10b. County		10c. City, Tow	n or Location	on					10d Inside City Limits
How Ce.	_	Md.	N/A		Balt	imore C	litv				1 X Yes 2 No
Maryland 28a-f show	용	10e. Street and Number				10f. Zip Code			10g. Citizer	n of What Coun	try?
ith the Maryland 23a or 28a-f sho notified at once.	Director	5002 Oaklyn	Avenue		j	2	21206			USA	
with t		11. Marital Status		edent Ever in U.S.				? ( Specify Yes or I	No- 114		an Indian, Black,
eath v item ust b	Funeral	1 Never Married 2 M	arried Armed Fo	orces?	If Ye	s, specify Cuba	an, Mexican, Pi	uerto Rican, etc.)	1	White, etc.	Diam'r
ter d		3 X Widowed 4 Div	1 Yes	2 📉 No	1	Yes 2 X No	o specify:		Sp	ecify:	White
15-0036 filed within 72 hours after death with the Maryland Hygiene. sd other than "natural", or items 23a or 28a-f she i, the Medical Examiner must be notified at once	d by	15. Decedent's Education (Spe	or Dates: cify only highest grac	le completed) 16a	a. Decedent	's Usual Occupa	ation (Give kin	d of work done		d of Business/Ir	
72 ho	Completed	Elementary/Secondary (0-12)	College (1	-4 or 5+)	during mo	st of working life	e. DO NOT us	e retired)			
5-0036 led within 72 Hygiene other than '	d	12				Recepti	onist		[	aw Firm	n
5-0 ed wi tygie other	Ö	17. Father's Name (First, Middle	Last)				18.Mother's N	Name (First, Middle	, Maiden Su	rname)	
21; be fill stal F sked ent, (	Be	Georg	e P. Wi	tts				May M.	Hubb	pard	
21 ould J Mei		19a. Informant's Name/Relations	ship (Type, Print)	1	9b. Mailing	Address (Stre	et and Numbe	er or Rural Route N	umber, City	or Town, State,	Zip Code)
MD 21215-0036 12 should be filed within 7 th and Mental Hygiene 127 is marked other than		Ms. Bonnie A. L	etmate/Dau	ughter " 3	3606 G	ibbons	Avenue	Baltim	ore, M	1d. 2121	L4
fra lead		20a. Method of Disposition			of Disposit	tion (Name of ce	emetery,	Date	20c. Loc	cation - City or	Town, State
Baltimore, permit Pages I an Department of Hea Important: If ite		1 X Burial 2 Cremation		Morel		lem. Par	·k	9/30/06	Balt	imore.	Maryland
nit Partme	1	4 Donation 5 Other S		0 (				uck Tows	1		
Dep Dep		mul	11.			0 York		Towson,			
Physician	_	23a. Part I. Enter the disease,	complications that of	aused the death. Do				diac or respiratory a	rrest, shock,	or heart	Approximate Interval
/Medical		failure. List only one cause	Complement 104	ound to Head							Between Onset and Death
Examiner		Immediate Cause (Final disease or condition resulting in death)		consequence of):							
		Sequentially list conditions,	b								
	je	if any, leading to immediate cause. Enter Underlying Cause		consequence of):							
	Examiner	(Disease or injury that initiated	С.	consequence of):							
ited d ansit	ŭ	events resulting in death) Last	d.								
760, icate be executed physician and the buriat - transit	in/Medical	UNPENDED	AMENDED								
760, icate be ev physician the burial	Jed	IF FEMALE:	23c If yes	outcome of pregnanc	V				234 [	Date of delivery	
8760, tificate bung physic	١	23b. Was decedent pregnant in the			2 Feta	al death 3	Ectopic pr	regnancy		-	ay Year
x 6 th cer trendi	<u>  ii</u>			ant at time of death					1		
Bo e dea the a	ЬŞ		9 Unkric								
od by		Part II. Other significant condit	tions contributing to	death but not resulti	ing in the ur	nderlying cause	given in Part I				
ires t sign bed	D D							1Y	es 2 V N	lo 3 Proba	ably 4 Unknown
rds requ	lete										
e law e has	Ę							per	formed?	death?	
Resident		25 Was case referred to medica				26 Place	o of Dogth (Ch		2 <b>N</b> o	1 Yes	2 No
ital sician s cert irecto	00	examiner?	Usanital:	notiont 2 FB/	Outpationt		Other		7	- 6 00	
Physer thi			·								
iding h : Aft	ë	1 Natural	L EQMRITS	Day,Year) FC				Subject sh		occurred	
Sic Atter r dear ector by th	cat	2 Accident Inve	stigation Sep 26,						(Ctroot and	Number of Due	al Doute Number City
Div	틜	Dailoido	id not be		Taring our oo.	i, radiory, direct	banding, etc.	or Town	State)		
ospid I houn Umer		29a. Certifier			looth aggurr	ad at the time of	data and alone				
the II hin 24 the F	ica	(+/	miner:On the basis	of examination and/or							
To To	Mec	- (=)	and manner s	tated							
_ /		MIR	1001	15		- 1			1 .		
		20 Mars and addition of the contraction	sace 1,00	of doct (Him of	\						
10	. 7	and the second			,	enn Street	Baltimore I	MD 21201			
W											
A complete to the cause of death purposed as the first of the complete to the cause of death purposed as the first of the complete to the cause of death purposed as the first of the complete to the cause of death purposed as the complete to the cause of death purposed as the complete to the cause of death purposed as the complete to the cause of death purposed as the complete to the cause of death purposed as the complete to the cause of death purposed as the complete to the cause of death purposed as the complete to the cause of death purposed as the complete to the cause of death purposed as the complete to the cause of death purposed as the complete to the cause of death purposed as the complete to the cause of death purposed as the complete to the cause of death purposed as the complete to the cause of death purposed as the complete to the cause of death purposed as the complete to the cause of death purposed as the complete to the cause of death purposed as the complete to the cause of death purposed as the complete to the cause of death purposed as the complete to the cause of death purposed as the complete to the cause of death purposed as the complete to the cause of death purposed as the complete to the cause of death purposed as the complete to the cause of death purposed as the complete to the cause of death purposed as the complete to the cause of death purposed as the complete to the cause of death purposed as the complete to the cause of death purposed as the complete to the cause of death purposed as the complete to the cause of death purposed as the complete to the cause of death purposed as the complete to the cause of death purposed as the complete to the cause of death purposed as the complete to the cause of death purposed as the complete to the cause of death purposed as the complete to the cause of death purposed as the complete to the cause of death purposed as the complete to the cause of death purposed as the complete to the cause of death purposed as the complete to the cause of death											
	_			The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	100						

31080 Amend Items State of Manyland / Department of Health and Mental Hygien 2016, c,23a per FH/DR, C860, 10/02/06dhb Reg. No. 2. Date of Death 3 Time of Death 1. Decedent's Name (First, Middle, Last) MAJOR **Physician** JAM PE664 eptember 25 2006 /Medical 4b. Gity, Town, or Location of Death 4c. County of Death Facility Name (If not institution, give street and number Examiner Hospital HOPKINS 20 8. Date of Birth (Month, Day, Year) If Under 1 Under 24 Hrs. (In yrs. last birthday) 7. Age Birthplace (State or Foreign Country) **Funeral** Hours 1 ☐ M 2 🂢 F Yrs. 68 APRIL 15,1938 NC Director 216-34-6662 Usual Residence of Decedent with the Maryland 10d. Inside City Limits 10a, State 10b. County 10c. City, Town or Location r 28a-f ehow 1√ Yes 2 No BALTIMORE TURNER STATION Director MD 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? r than "natural", or Itema 23a or Ite Medical Examinar must be 21222 USA 426 CHESTNUT COURT Funeral filed within 72 hours after death 12. Was Decedent Ever in U.S. Armed Forces? 1 ☐ Yes 2 ☐XNo If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian 11. Marital Status Black, White, etc. 1 Never Married 2 Married Baltimore, Maryland 21215-0036 1 ☐ Yes 2 No Specify: 2 Specify: BLACK 3 ☐ Widowed 4 ☑ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) other than Elementary/Secondary (0-12) College (1-4or 5+) TELETYPIST SOCIAL SECURITY 18. Mother's Name (First, Middle, Maiden Surname) 17. Father's Name (First, Middle, Last) Be and Mental F it. Pages 1 end 2 should be ritment of Health and Mental PEARL ROGERS LEE W. MCLAUGHLIN, SR. 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) partment of Health a cortant: If Item 27 is injury or other treu 3137 EBBTIDE DR. EDGEWOOD, MD 21040 MAURICE MAJOR/SON 20b. Place of Disposition (Name of 20c. Location - City or Town, State **Baltimore**, **MD** 20a. Method of Disposition Metro Crematory + 10 Surial 2 1 Cremation 3 Removal from State 4 □ Donation 5 □ Other (Specify) NATIONAL MEM.PK. 10-2-2006 LAUREL, MD pe mit.
Deportr
Imports
en njt 22. Name and Address of Facility JAMES A. MORTON & SONS F.H., INC. 21. Signature of Funeral Service Licenses 1701-31 LAURENS ST. BALTIMORE, MD 23a. Part 1. Inter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) ELECTRICAL PULSELESS **Physician** ACTIVITY MINUTES /Medical Due to (or as a consequence of) Examiner SHOCK HOURS Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): Examine physician and the burial-transit To the Hospitel or Attending Physician: The law requires that the death certificate be executed Sepsis 2 days Due to (or as a consequence of) Division of Vital Records, P.O. Box 68760. Physician/Medical attending p IF FEMALE: 23c. If yes, outcome of pregnancy 1 Live birth 2 Fetal death 23d. Date of delivery 23b. Was decedent pregnant 3 Ectopic pregnancy in the past 12 months?
1 ☐ Yes 2 ☐ No
9 ☐ Unknown Day Month Year 4☐Pregnant at time of death 5 Other (specify) ed by the a 9 Unknown Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? Completed by 1 🗌 Yes 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an cate has I page 2 s autopsy performe 1 Yes 2 No 1 ☐ Yes 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 No 2 ER/Outpatient 3 DOA Certification: To this After this 27. Mannel of Death 28b. Time of Injury 28c. Injury at Work? Date of Injury (Month, Day Year) 28d. Describe how injury occurred 1 Natural 2 Accident 5 Pending investigation 1 ☐ Yes 2 ☐ No death. Director: 3 🗌 Suicide 6 □ Could not be 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 T Homicide within 24 hours a To the Funeral I 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and blade, and due to the naise(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29a Certifier 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifier 29c. License number SEPTEMBER 25, 2006 RES -000 CURAND 1)OCTOR 600 NORTH WOLFE STREET, BALTMORE, MARYLLUS, 21287 US HOPKINS HOSPITAL 32. Registrar's Signature THE JOHNS DURAND 31. Date filed (Month, Day, Year) State OCT 0 2 2006 Registrar Consider de

Physici	an	1 - State Amend item#2 Registrar Amend 20a-b, 1. Decedent's Name (First, Middle	9a-c,22,pe perFH,086	of Maryla rFh,G860, 0, 10/27/	nd / Depa 10/10/06 /06 TTCe/	tificate o	Health and of Death	I Mental Hyo  Page 12. Date of Dea	giene [] Reg. No.  Day	06 3 1 08	
/Medic Examin	al	Ernest McDowe  4a. Facility Name (If not institution	give street and n			4b. City, Town	n, or Location of De	109	18	2006 1016 ty of Death	AM
Funeral Director		Union Memori 5. Social Security Number 217-03-1871	al Hospi 6.Sex 1⊠M 2□F		s. last birthday) Yrs.	If Under 1 Ye Months Day		rs. 8. Date of Birt	r, Year)	9. Birthplace (State or Fo	oreign nk
Maryland	tor	Usual Residence of Decedent  10a. State 10b. County  MD		10c. C	City, Town or Lo					10d. Inside City L 1 ☑ Yes 2[	
th with the 23a or 28a	ai Director	10e. Street and Number 123 W. 29th Str	eet 14E			10f. Zip Cod	21218		10g. Citizen o	f What Country?	
fied within 72 hours after deeth with the Maryland Hygiene. other than "natural", or items 23a or 28a-f ahow ant, the Medical Examinar must be notilised at	by Funerai	11. Marital Status  1 ☒ Never Married 2 ☐ Marri 3 ☐ Widowed 4 ☐ Divorced	12. Was De Armed F ed 1 Tyes If Yes, G Year or	: 2 ∐ No Bive		Vas Decedent of Yes, specify C		(Specify Yes or No- erto Rican, etc.)	14. Ra Bl Spec	ace - American Indian, ack, White, etc.	
within 72 ho ene. then "natur ne Medical I	Completed	15. Decedent (Specify only highes Elementary/Secondary (0-12)	t grade completed College	(1-4or 5+)	(Give	lent's Usual Oci kind of work do OO NOT use ret	ne during most of w	rorking unk	16b. Kind of	Business/Industry	unl
uid be filed Mentel Hygie Irked other Itic avant, II	To Be Co	unk 17. Father's Name (First, Middle, I	unk .ast)			un	k 18. Mother's N	ame (First, Middle,	Maiden Suma	am <i>e)</i>	un
permit. Pages 1 and 2 should be tiled within 72 hours after deeth with the Marylan Depertment of Heelih and Mentel Hygiene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f ahow any injury or other traumatic avant, the Musical Examinat ratal be notified at ance.		19a. Informant's Name/Relations! Union Memorial 20a. Method of Disposition 1 Burial Accommation 4 Donation Euroral Service 21. S. nature of Euroral Service	Hospital	n State	201 E Place of Dispo cemetery, cren Mt. Carm y VICW CIC	• Unive sition (Name of natory or other p el Cenete matory	rsity Pkw		re, MD 20c. Location Baltimore	21218 n - City or Town, State	
Physician and physician and physician and physician and physician and physician is the purial-transit	dical Examiner	23a. Part1. Enter the disease, or shock, cheart failure. List Immediate Cause (Final disease or condition resulting in death)  Exquentially list conditions, if any, leading to immediate cause. Enter Undertying Cause (Disease or injury that initiated events resulting in death) Last	a. Due to	caused the decearch line,  WEFAL  o (or as a consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of consection of	ath. Do not enter adjusted of:		tying, such as card	1201-21213 iac or respiratory ar	rest,	Approximate Interval Betwee Onset and Dear	
death certifi e attending id for use as	Physician/Me	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 ☐ Yes 2 ☐ No 9 ☐ Unknown	1 Live	utcome of pregr birth 2 Per gnant at time of cnown	tal death 3	Ectopic pregna Other (specify)				late of delivery Nonth Day Year	r
law requires that the as been signed by th 2 should be detache	፩	Part II. Other significant condition	ns contributing to	death but not re	sulting in the ur	nderlying cause	given in Part I.		bacco use co	ntribute to the cause of death	
The ste h page	Completed							24a. Was autop perfor 1 Tyes	an 24b sy med? 21 No	. Were autopsy findings available from to completion of cause death?  1 □ Yes 2 □ No	ilable e of
ding Pl h. After ti funera	Certification; To Be	25. Was case referred to medical examiner?  1	ation ot be 28e. Place	Inpatient 2 [ e of Injury onth, Day Year) ce of Injury - At ding, etc. (Spec	28b. Time of Injury home, farm, streify)	28c. Ir V M 1	Other: 4 Nursing	eath (Check only of Home 5 Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Resided Res	ence 6 00		
To the Hospital or Attantwithin 24 hours efter deati To the Funeral Director: completely filled in by the	Medical Co	one)	xaminer: On the	he best of my kr basis of examin inner stated.	nowledge, death	estigation, in m	y opinion, death oc		date and place	, and due to the cause(s)	
T with	~	29b. Signature and title of certifier  30. Name and address of person	May I		em 23a) (Type,	Do	2786	0	Seples	Hoder 18 1/20	06
Sta	te ar	CH2 STOPHS 31. Date filed (Month, Day, Year)	RD. KI	Registrar's Sign	4 m0	Unw	n Meshori	al Hospi	hil Bi	Mt. Ad.	

			For State Registrar	State	of Mary	rland / Depa <i>Cei</i>	artment of F tificate of	lealth and <i>Death</i>	Mental H	ygiene Reg. No.	2006	31082
	Physici	20	1. Decedent's Name (First, Middle,	Last)					2. Date of I	Day	Year	3. Time of Death
	/Medic		Elizabeth W. M							mber :	12, 200	
	Examin	er	4a. Facility Name (If not institution,	•	number)		4b. City, Town, o		ath		County of Dea	
			2525 Pot Sprin 5. Social Security Number	g Road 6. Sex	7 Age (In	yrs. last birthday)	Time If Under 1 Year	onium   If Under 24 Hr	s. 8. Date of E		altimor	
45	Funeral Director		089-01-0354	1□M 2∏F		90 Yrs.	Months Days	Hours Mir	Aug 2	Day, Year)	Con	thplace (State or Foreign ountry) necticut
	and w	ŀ	Usual Residence of Decedent  10a. State 10b. County	<del></del>	10	c. City, Town or Lo	cation					10d. Inside City Limits
	Maryl 1 sho	ō										1 ☐ Yes 2 ☐ No
	28a	rec	MD Balt:	more		Timo	10f. Zip Code			10g. Citiz	en of What Co	ountry?
	h with	Funeral Director	2300 Dulaney V	Jallev R	oad #7	04		21093			USA	
	deet	ner	11. Marital Status	12. Was De	ecedent Ever		Was Decedent of H I Yes, specify Cuba		(Specify Yes or I	No- 1	4. Race - Ame Black, Whit	
36	be filed within 72 hours after deeth with the Maryland thygiene. d other then "natural", or tema 23a or 28a-f show avent, the Medical Examinar must be notified at	by Fu	1 ☐ Never Married 2 ☐ Marrie 3 ☑ Widowed 4 ☐ Divorced		s 2⊠No Give		1 ☐ Yes 2 ☑ No	Specify:	nto rilodii, etc.,			vhite
5-0036	2 hou	ted	15. Decedent'	s Education		16a. Dece	dent's Usual Occup	pation	14.00	16b. Kir	nd of Business	/Industry
215	hin 7.	Completed	(Specify only highest Elementary/Secondary (0·12)	T	d) (1-4or 5+)	(Give	kind of work done DO NOT use retired	during most of w d)	orking			
2121	er the	5	12	4	-		farm man	ager			agric	ulture
Maryland	e i a se	Be	17. Father's Name (First, Middle, L						ame (First, Midd			
<u>X</u>	2 should be and Mentai is marked o	မှ	William Jam		.eld				en O'Su			
ā	12 sh and and 7 is m		19a. Informant's Name/Relationsh				Address (Street					
_	ss 1 and 2 should to the standard that the standard that the standard to the standard to the standard to the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard that the standard th		Edward Bedfor  20a. Method of Disposition	u/ SOII	2	20b. Place of Dispo	9 E. Sem	Inary Av	Date Da	-	cation - City or	21286
Baltimore,			1 ☐ Burial 2 ☐ Cremation 4 ፟፟፟፟፟ ☑ Donation 5 ☐ Other (Sp			cemetery, crei	natory or other plac	ce)		200. 200	Sation Only of	Town, State
Balt	permit. Pag Department Important: I eny injury o		21. Signature of Fineral Service L	. Wade	irec	tor St	Name and Address ate Anat ltimore,	omy Boar MD 212	cd 655 W	. Bal	timore	Street
			23a. Part1. Enter the disease, or o	complications that	t caused the				_	arrest,		Approximate
1	Physician		shock or heart failure. List of Immediate Cause (Final		ortic	stenos	16					Interval Between Onset and Death
1	/Medical		disease or condition resulting in death)			on sequence of):	שו					4months
	Examiner		Sequentially liet conditions	b. ———								
	D #	iner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	Due t	U (Ur as a co	лівадиєпез of).						
	ecute and -trans	Examiner	that initiated events resulting in death) Last	c	0 (0) 25 2 00	onsequence of):						
68760,	icate be executed physicien and s the burial-transit				0 (01 23 2 00	insequence or,						
687		edicai		d								
Вох	eeth certifi ettending I for use as	M	IF FEMALE: 23b. Was decedent pregnant		outcome of p					2	3d. Date of de	livery
m i	deeth	by Physician/M	in the past 12 months? 1 ☐ Yes 2 📆 No	4 ☐ Pre	e birth 2 [		]Ectopic pregnancy ] Other (specify)	<b>/</b>			Month	Day Year
о. О.	at the	hys	9 ☐ Unknown	9L] Uni								
ś.	res that the de signed by the e I be detached I	by	Part II. Other significant condition	is contributing to	death but no	ot resulting in the u	nderlying cause giv	en in Part I.				o the cause of death?
0.0	w require been sig should t	ted	CHIONIC OBY	AACHAE	poim	onary d	Iseuse		11	Yes 2/	No 3□P	robably 4 Unknown
Sec.	The law requires that the deeth certifie hes been signed by the ettending to be 2 should be detached for use a	Completed								topsy	24b. Were at prior to death?	utopsy lindings available completion of cause of
æ	hysician: The law nis certificate hes t I director, page 2 s								1 ☐ Yes	formed? 2X No		3 2 □ No
=	siciar certif recto	Be	25. Was case referred to medical examiner?  1 Yes 2 No	Hospital:	74 11 11	-635010	Oth	oc	eath (Check onl)			
ō	Phy or this oral di	5	27. Manner of Death	11	☐ Inpatient te of Injury onth, Day Ye	2 ER/Outpatier 28b. Time of	t 3 DOA 28c. Injur	4 U Nursing	Home 5 Re			ocify)
<u>0</u>	ath.	ation	1 Natural 5 Pending 2 Accident investig		onth, Day Ye	ar) Injury		k? Yes 2∐No				
Division of Vital Records,	Atta er deg ractor by th	Certification:	3 ☐ Suicide 6 ☐ Could not determine	200. Pla	ce of Injury -	At home, farm, str	eet, factory, office		28f. Location	(Street and	Number or R	ural Route Number,
5	ital or rai Dif				.d.i.ig, 0.c. (0				0.0, 0.7			
	To the Hospital or Attanding Physician: within 24 hours after death . To the Funeral Director: After this certifica completely filled in by the funeral director; p	Medicai	29a. Certifier 1 Certifying (Check only one)	xaminer: On the	the best of m basis of exa anner stated.	y knowledge, deatl amination and/or in	n occurred at the tir vestigation, in my o	ne, date and place pinion, death occ	ce, and due to th curred at the time	e cause(s) a e, date and	and manner as place, and due	s stated. e to the cause(s)
	To the To the Comp	M	29b. Signature and title of certifier		. 0	.0	29c. Licens				signed (Mont	
			J grew wing	Music	al W	n レ	D3	1025		Sept.	amber	22,2006
			30. Name and address of person v	no completed ca	use of death	(Item 23a) (Type,	Print)	L 0	, n.k.	10.4	14.4	21216
	-0		Circle Good Core 31. Date liled (Month, Day, Year)	11 NOOR ) N	Begistrar's	5414 71 Signature	ravi 7	8 eet, 150	MIMO	C TYLO	Lyland	416
	Sta Registr		31. Date liled (Month, Day, Year)	2006	1000	15 14						

			For Stete Registrar	State of Maryland	Depail Cert	rtment of Herificate of L	ealth and Death	Mental Hyg	iene 0 (	16	31083
H	Physicia	an	1. Decedent's Name (First, Middle, Last)					2. Date of Deat Month		Year	3. Time of Death
	/Medic	al	Baby Girl Moses	and aumbark		4b. Cjty, Town, or	Logation of Dog	Septem	4c. County	2006	8:20 PM
	Examin	er	4a. Facility Name (If not institution, give st	toce Lat	/	A 11:	MULE	uı	4c. County	) Death	
	Funeral Director		5. Social Security Number 6. Sex	7. Age (In yrs. last		If Under 1 Year Months Days 27	If Under 24 Hrs Hours Min		Yeer) 2006	Coul	place (State or Foreign ntry) 'land
	pu *		Usual Residence of Decedent  10a. State 10b. County	10c. City, T	own or Loc						10d. Inside City Limits
	Maryla f ehov	5	MD Baltimore		Balti						1 ☐ Yes 2X No
	r 28a-	Director	10e. Street and Number			10f. Zip Code		1	0g. Citizen of W		ntry?
	ath wit 23a o ust be	ai D	630 Peach Orchid	l Lane			21222			USA	
36	should be filed within 72 hours after death with the Maryland and Menal Hygiens. The Hygiens marked other than "netural", or itema 23e or 28e-f ehow matic event, tra Medical Examiner most be notified at	by Funerai	11. Marital Status  1 ☒ Never Married 2 ☐ Married  3 ☐ Widowed 4 ☐ Divorced	2. Was Decedent Ever in U.S. Armed Forces? 1 Yes, 2 MNo If Yes, Give Year or Dates:	lf.	as Decedent of His Yes, specify Cubar □ Yes 2∏ No	spanic Origin? ( n, Mexican, Pue Specify:	Specify Yes or No- rto Rican, etc.)		k, White,	can Indian, etc. lack
ş	2 hou	ted	15. Decedent's Educa	ation 1	6a. Decede	ent's Usual Occupa	tion	artin a	16b. Kind of Bu	siness/In	dustry
2	i be filed within 72 h ntal Hygiene. ed other than "natu event, tra Medica	Completed	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4or 5+)	life. Di	O NOT use retired;	uring most or we	orking			
ב	iled w Tygier ther th		none n 17. Father's Name (First, Middle, Last)	one	none	unk	18 Mother's Na	me (First, Middle, I	none		
Maryland 21215-0036	buld be f Mental I Arked of atic eve	To Be	Tr. Faulot 3 Haine (Final, Mindolo, Last)			dik		a F. Mose		-7	
ary	2 should and Men and Men is marke	۲	19a. Informant's Name/Relationship (Typ	e, Print)	_			Rural Route Number		State, Zip	Code)
	and 2 ealth in 27 i		Johns Hopkins Hosp	and the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of th			e Stree	t Baltimo		212	
Baltimore,	permit. Pages 1 and 2 should be Department of Health and Menta Important: if Item 27 is marked any injury or other traumatic events.		20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐ Re 4 ☐ Donation 5 ☑ Other (Specify)	moval from State in state	e of Disposi etery, crema	ition (Name of atory or other place	<b>)</b>	Date	20c. Location -	City or To	own, State
Balt	permit. Departimport Import any inj		21. Signature Euneral Saryi e License	ade rector		Ne Mate Ltimore,	•	d 655 W.	Baltimo	re S	Street
п			23a. Part1. Enter the disease, or complic shock, or heart failure. List only one	ations that caused the death. It is cause on each line.	Do not ente	the mode of dying	, such as cardia	ac or respiratory arre	est,		Approximate Interval Between Onset and Death
/	Physician /Medical		Immediate Cause (Final disease or condition resulting in death)	Necrotizing	Ente	rocolihis	ŝ				5 days
	Examiner			Due to (or as a consequen	ice of):						
	7 =	ner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	Due to (or as a consequen	ica of).						
	ecuted and transi	Examiner	Cause (Disease or injury that initiated events resulting in death) Last	D to /2							
8760,	icate be executed physicien and s the burial-transit			Due to (or as a consequen	ice or,						
687	ificate g phys as the	edical	d.								
Division of Vital Records, P.O. Box	To the Hospital or Attending Physician: The law requires that the death certific within 24 hours after death.  To the Funeral Director: After this certificate has been signed by the attending prompietely filled in by the funeral director, page 2 should be detached for use as	Completed by Physician/Me	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 □ Yes 2 Mo 9 □ Unknown	c. If yes, outcome of pregnancy     1 ☐ Live birth 2 ☐ Fetal de     4 ☐ Pregnant at time of deatl     9 ☐ Unknown	ath 3 🗍	Ectopic pregnancy Other (specify)			23d. Date Mor		ery Day Year
<u>.</u>	that the ed by detacl	, Ph	Part II. Other significant conditions cont	nbuting to death but not resulting	ng in the unc	derlying cause give	n in Part I.	23e. Oid tol	pacco use contr	ibute to t	he cause of death?
rds,	quires n sign uld be	d b	Prematurity					1 🗆 Ye	s 21 No	3 ☐ Prot	bably 4 Unknown
ဝင္ပ	e law recharge has bee ge 2 sho	piet	Renal failure					24a. Was a		Vere auto	opsy findings available ompletion of cause of
ř =	The page	Com	Neutropenia					perform	ned? d	leath?	21X/No
\ \ \ \	iclan certifi rector	Be	25. Was case referred to medical examiner?	ospital:		a∏ DOA Othe	-	eath (Check only on	•		
on of	ding Phys h. After this funeral di	tion: To	27. Manner of Death  1 Natural 5 Pending	1 Sinpatient 2UER	Outpatient  Bb. Time of Injury	28c. Injury Work	4 U Nui sirig	Home 5 Reside			fy)
DIVISI	l or Atten after deat Director: I in by the	Certification:	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. Place of Injury - At home building, etc. (Specify)	e, farm, stre			28f. Location (St City or Town		er or Rura	al Route Number,
_	To the Hospital or Attending Physician: The I within 24 hours after death.  To the Funeral Director: After this certificate he completely filled in by the funeral director. page	Medical C	29a. Certifier (Check only one) 1 Certifying Physical Examin	cien: To the best of my knowle er: On the basis of examination and manner stated.	edge, death and/or inve	occurred at the timestigation, in my op	e, date and plac inion, death occ	ce, and due to the courred at the time, d	ause(s) and ma ate and place, a	nner as s and due t	stated. o the cause(s)
	To th within To th	Me	29b. Signature and title of certifier	6-111		29c. License			9d. Date signed		1.3
)	_		4	> RAUL CHAVEZ-1	VALUE	c, nD	RE5-0	00 3	eptembe	√, li	2Th, 2006
			30. Name and address of person who con				11	III O	1797		
	Sta	te	31. Date filed (Month, Day, Year)	32, Registrar's Signatur	HSC.	w bal	nmore	, HD 2	にロナ		
	Registr		OCT 0 2 200	14.	A STATE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PAR						

Patricia A. MOORE

Baltimore, Maryland 21215-0036

Division of Vital Records, P.O. Box 68760,

			State of Marylar					-	31084
		1 - State Registrar		Cer	tificate of	Death	Reg		31004
Physicia	'n	1. Decedent's Name (First, Middle, Last)					2. Date of Death Month	Day Year	3. Time of Death
/Medic		Patricia A.	Moore				SEPTEME	BER 29 20	
Examin	er	4a. Facility Name (If not institution, give st			pt.	or Location of Dear	-	4c. County of Dea	th
		BALTIMORE WASHIN 5. Social Security Number 6. Sex			If Under 1 Year	EN 15UZ		HAME Y	thplace (State or Foreign
Funeral Director			м 280м 73	Yrs.	Months Days			1932 MA	RYLAND
yland Now		10a. State 10b. County	10c. C	ity, Town or Lo	cation				10d. Inside City Limits
Mar B-f at	to	Maryland Anne Ar	undel	Glen I	Burnie				1 ☐ Yes 2√2No
or 28	Director	10e. Street and Number			10f. Zip Code		109	Citizen of What Co	ountry?
ath w	rai	7503 Old Stage Ro	ad		21061			United	States
er de	Funerai		<ol><li>Was Decedent Ever in L Armed Forces?</li></ol>	J.S. 13. V	Was Decedent of f Yes, specify Cul	Hispanic Origin? (S ban, Mexican, Puer	Specify Yes or No- to Rican, etc.)	14. Race - Ame Black, Whit	
vurs after death with the Manyian al', or items 23a or 28s-f show Examiner coust be notified at	by F	1 Never Married 2 Married 3 Widowed 4 Divorced	1 ☐ Yes 2 🔼 No If Yes, Give Year or Dates:		T Yes 2√2 No	Specify:		Specify:	White
"natural",	ed	15. Decedent's Educ	ation	16a. Deced	lent's Usual Occu	pation	16	b. Kind of Business	/Industry
hin 7.	pie	(Specify only highest grade Elementary/Secondary (0-12)	Completed) Cotlege (1-4or 5+)	(Give	kind of work done DO NOT use retire	during most of wo	rking		
ed wit	Completed	12		Home	maker			Own Hor	ne
E T S E	Be	17. Father's Name (First, Middle, Last)					me (First, Middle, Ma	,	
Men Merke narke	၉	Arthur Howard S		4		1	rine Rose		
12 sh h and 7 le n treun		19a. Informant's Name/Relationship (Typ Marlene Moore / Da	•				ural Route Number, C Glen Burn		
1 and Heelt am 2		20a. Method of Disposition			sition (Name of natory or other pla	T	Date 20	c. Location - City or	
permit. Peges 1 and 2 should by Department of Heelth and Menta important: If Itam 27 is marked any injury or other traumatic as ODES.		1 ☑ Burial 2 ☐ Cremation 3 ☐ Re 4 ☐ Donation 5 ☐ Other (Specify)	mioval nom State		e MD Vet.	1	ct. 3, 2006 C		- MD
anti. F		21. Signature of Funeral Service License					neral Home	rownsvill	.e, MD
Depr impo		Du & Cha	4	F	And the second second		. Glen Bur		1061
		23a. Part1. Enter the disease, or complice shock, or heart failure. List only or	ons that caused the dea						Approximate Interval Between
Physician		Immediate Cause (Final disease or condition	CEREBIO						Onset and Death
/Medical		resulting in death)	Due to (or as a consec	quence of):					
Examiner		Sequentially list conditions, b.	METASTA		MECAN	JOMA.			
ed sit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	Due to (or as a consec		LATION	t.			
axecural and	xar	that initiated events c. resulting in death) Last	Due to (or as a consec		20 1167	•			
sicie	calE								
uficat g phy as the									
leath certificate attending phy I for use as the	an/N	250. Was decedent pregnant	lc. If yes, outcome of pregn 1 ☐ Live birth 2 ☐ Fet		Ectopic pregnanc	ev		23d. Date of de	•
tt the dea by the att tached fo	by Physician/Med	in the past 12 months? 1 □ Yes 2 □ No	4☐ Pregnant at time of o		Other (specify) _	-,		Month	Day Year
that the	P.	9 ☐ Unknown  Part II. Other significant conditions cont	inhuting to death but not re-	aultina ia tha	dashina anuan a	was in Dart I	220 Did tohoo	an usa santributa ta	the cause of death?
uires ti signe Id be c		Tartii. Other significant containors con	ributing to death out not res	sulling in the ur	idenying cause gi	venin rant.		2 □ No 3 □ Pr	
v requ	Completed		· · · · · · · · · · · · · · · · · · ·				24a. Was an		
The law sate has b page 2 st	dw						autopsy performed	prior to death?	utopsy findings available completion of cause of
ician: T certificat rector, pa	Be C	25. Was case referred to medical				26 Place of De	1 ☐ Yes 2 🐼 ath   Check only one	No 1 ☐ Yes	2 □ No
d is y	2 B	examiner?	ospital: 1 Inpatient 2	] ER/Outpatien	t 3 DOA Ot	has	Home 5 Residence	e 6 □Other (Spe	cify)
ding Ph h. Alter th funeral		27. Manny of Death 1 Solution 5 □ Pending	28a. Date of Injury (Month, Day Year)	28b. Time of Injury	28c. Inju		28d. Describe how		,,
Attending of death.	atic	2 Accident investigation		,,		Yes 2□No			
l or Attendi effer death. Director: A l in by the fu	Certification:	3 ☐ Suicide 6 ☐ Could not be 4 ☐ Homicide determined	28e. Place of Injury - At h building, etc. (Speci	nome, farm, stre ify)	eet, factory, office		28f. Location (Stree City or Town, S	t and Number or Ri Itate)	ural Route Number,
Hospital 24 hours e Funerai I tely filled		29a. Certifier 1 ☐ Certifying Physi	ician: To the best of my kno	owledge death	annured at the t	in a data and along	and due to the course	-(a) ==d minanaa	at-t-d
To the Hospital within 24 hours e within 24 hours e To the Funeral Completely filled i	edicai	(Check only one)	er: On the basis of examination and manner stated.	ation and/or inv	estigation, in my	opinion, death occi	urred at the time, date	and place, and due	to the cause(s)
To the within 2 To the complet	Me	29b. Signature and title bi certifier			29c. Licen	se number	29d.	Date signed (Mont	h, Day, Year)
		1 Sulve	D	Mis	Do	45149	SE	TEMBE	2 29 2606
1.		30. Name and address of person who con	moleted cause of death (Ite	4 /	1 (2)	) 0	DA 4	N 4:7	()
0	_<	31. Date filed (Month, Pay Year)	32. Registrar's Sign		46	sen Du	mue m	D 210	61
Sta Registra		OCT 0 9 201		A A	nast 1				

State

Registrar

Day Year)

2006

31. Date filed

32 Registrar's Signature

de the state of the

			1 - For State of Maryland / Department	artment of Health and Me rtificate of Death		en2006	31086
			Decedent's Name (First, Middle, Last)		2. Date of Death Month	Day Year	3. Time of Death
	Physicia /Medic	and the	Julia Tillie Malinowski			1, 2006	12:01 am ^M
	Examin		4a. Facility Name (If not institution, give street and number)	4b. City, Town, or Location of Death		4c. County of Dea	h
			Riverview Care Center	Essex		Baltimore	9
	Funeral		5. Social Security Number 6. Sex 7. Age (In yrs. last birthday)  1 □ M 2 ☒ F	If Under 1 Year If Under 24 Hrs. Months Days Hours Min.	B. Date of Birth (Month, Day,	Year) 9. Birt	hplace (State or Foreign untry)
	Director		220-14-8779 The state of December 1 The state of December 1 The state of December 2 The state of December 2 The state of December 2 The state of December 2 The state of December 2 The state of December 2 The state of December 2 The state of December 2 The state of December 2 The state of December 2 The state of December 2 The state of December 2 The state of December 2 The state of December 2 The state of December 2 The state of December 2 The state of December 2 The state of December 2 The state of December 2 The state of December 2 The state of December 2 The state of December 2 The state of December 2 The state of December 2 The state of December 2 The state of December 2 The state of December 2 The state of December 2 The state of December 2 The state of December 2 The state of December 2 The state of December 2 The state of December 2 The state of December 2 The state of December 2 The state of December 2 The state of December 2 The state of December 2 The state of December 2 The state of December 2 The state of December 2 The state of December 2 The state of December 2 The state of December 2 The state of December 2 The state of December 2 The state of December 2 The state of December 2 The state of December 2 The state of December 2 The state of December 2 The state of December 2 The state of December 2 The state of December 2 The state of December 2 The state of December 2 The state of December 2 The state of December 2 The state of December 2 The state of December 2 The state of December 2 The state of December 2 The state of December 2 The state of December 2 The state of December 2 The state of December 2 The state of December 2 The state of December 2 The state of December 2 The state of December 2 The state of December 2 The state of December 2 The state of December 2 The state of December 2 The state of December 2 The state of December 2 The state of December 2 The state of December 2 The state of December 2 The state of December 2 The state of December 2 The state of December 2 The state of Decem		9/13/19	924 Ma:	ryland
	and		10a. State 10b. County 10c. City, Town or Lo	ocation			10d. Inside City Limits
	Mary	ō	Maryland Baltimore Essex				1 ☐ Yes 2 <b>X</b> No
	1 the	Directo	Maryland Baltimore Essex  10e. Street and Number	10f. Zip Code	10	g. Citizen of What Co	ountry?
	3a o		1212 E. Homberg Avenue	21221	T.	J. S. A.	
	deatl ms 2	Funerai	11. Marital Status 12. Was Decedent Ever in U.S. 13.	Was Decedent of Hispanic Origin? (Spec	ify Yes or No-	14. Race - Ame	
ڡ	or the	Ī	1 ☐ Never Married 2 ☐ XMarried 1 ☐ Yes 2 X ☐ No	If Yes, specify Cuban, Mexican, Puerto R 1 ☐ Yes 2 XNo Specify:	ican, etc.)	Black, Whit	e, etc.
8	ours Fail.	d by	3 Widowed 4 Divorced Year or Dates:	TILITES ZIZZUNO SIPECITY.		Specify:	White
2	be filed within 72 hours after death with the Maryland Hygiene. All Hygiene. do that than "natural", or items 23a or 28a-f ehow a other than "natural", or items 23a or 28a-f ehow event, the Medical Examinar must be notitied at	Completed	(Specify only highest grade completed) (Give	dent's Usual Occupation kind of work done during most of working	9	6b. Kind of Business	Industry
2	han ne	фm	Elementary/Secondary (0-12) College (1-4or 5+)	DO NOT use retired)			. 1.
7	filled v Hygie thar t	ပိ	17 Rate	Clerk 18. Mother's Name		Motor Fre	ignt
and	0 8 8 8	Be				alson somalito)	
Maryland 21215-0036	should in ord Men	ြ	Anthony Redyk  19a. Informant's Name/Relationship (Type, Print) 19b. Maili	Anna Fryo		City or Town. State.	Zip Code)
<u>8</u>	ss 1 and 2 should to of Health end Ment I tem 27 ie markad r other traumatic e		(Husband)	E. Homberg Avenue	· ·		
ē,	Hea Hea othe		20a Method of Disposition   20b. Place of Dispo	osition (Name of Da		0c. Location - City or	
ê	Pages nent of int: if it iry or o		1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Bayview C	matory or other place)	2/2006 ₀	altimore (	City, Marylar
	permit. Pages Department of I Important: If its any injury or o		21. Signature of Funeral Service Licensee	2. Name and Address of Facility			
ñ	F F F P		Michael C. Sallas So	ruzdzinski Funeral 407 Old Eastern Ave	Home PA	sex. Marv	land 21221
			23a. Part1. Enter the disease, or complications that caused the death. Do not en shock, or heart failure. List only one cause on each line.	ter the mode of dying, such as cardiac or	respiratory arres	st,	Approximate Interval Between
	Physician		Immediate Cause (Final disease or condition	0 1 (	12.0		Onset and Death
	/Medical		resulting in death)  a. Due to (or as a consequence of):		<u> </u>		***
	Examiner		Sequentially list conditions, b. Corongry	Artery Disea	Se		
	g #	Examiner	if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	/			
p	and -tran	каш	resulting in death) Last  C. Due to (or as a consequence of):				
8760,	주 한 주	ai E	bue to (or as a consequence or).				
780	The law requires that the death certificate site hes been signed by the attending phys bage 2 should be detached for use as the	dicai	d				
ROX	eath certific attending p	Physician/Me	IF FEMALE: 23b. Was decedent pregnant 23c. If yes, outcome of pregnancy			23d. Date of del	iverv
ň	death a atte	iciai	in the past 12 months?  1 Ves 2 No.   1 Pregnant at time of death 5	□Ectopic pregnancy □ Other (s <i>pecify</i> )		Month	Day Year
o.	by the de	hys	9 Unknown		1		
رس ح	signed to the det	by P	Part II. Other significant conditions contributing to death but not resulting in the u	nderlying cause given in Part I.	23e. Did toba	acco use contribute to	the cause of death?
Ë	w require been signature should t	ed		·	1 🗆 Yes	s 2□No 3□Pr	obably 4 Unknown
ပ္ထ	aw re as be 2 sho	pie			24a. Was an	24b. Were au	topsy findings available completion of cause of
		Completed			autopsy perform	ed? death? ☐XNo 1 ☐ Yes	2□ No
Vital Records,	ician: Th certificete rector, pag	Be	25. Was case referred to medical examiner?	26. Place of Death			
<u> </u>	Physic this co	ဥ	1 ☐ Yes 2 No Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatien			nce 6 Other (Spe	cify)
Ē	ing P	ü	27. Manner of Death  28a. Date of Injury  (Month, Day Year)  28b. Time o  Injury	Work?	3d. Describe how	w injury occurred	
<u>s</u>	Attending P death. ctor: After y the funers	cat	2 Accident investigation 3 Suicide 6 Could not be	M 1 Yes 2 No			
Division of	or A after Direc	Certification:	4 Homicide determined 28e. Place of Injury - At home, farm, stee building, etc. (Specify)	reet, factory, office	City or Town,	eet and Number or Ru State)	irai Houte Number,
_	pital ours nerai filled	- 1	29a. Certifier 1 X Certifying Physician: To the best of my knowledge, deat	h occurred at the time, date and place, ar	nd due to the cau	use(s) and manner as	etaled
	To the Hospital or Attending Physician: within 24 hours after death. To the Funeral Director: After this certific completely filled in by the funeral director.	edical	(Check only 2 Medical Examiner: On the basis of examination and/or in one)	vestigation, in my opinion, death occurred	at the time, dat	te and place, and due	to the cause(s)
	within To th	Me	29b. Signature and title of certifier	29c. License number	29	d. Date signed (Monte	n, Dey, Year)
			cruics Uso, MD	D0061907		10/02	06
	8		30. Name and address of person who completed cause of death (Item 23a) (Type,	Print)	Baltz	Marco Na	D 21271
			Chukwung 1-50 11/4 M	uce Avenu.	JUN 1	TOPE IN	0 61661
	Sta Registr		31. Date filed (Month) Per Year) 2006 32. Registrar's Signature	and			

06-07269 Please Type or Print in Black Indelible Ink State of Maryland / Department of Health and Mental Hygiene 1. For State Certificate of Death Reg No. Registrar Decedent's Name (First, Middle, Last) Date of Death Physician/ Month Day Y September 26, 2006 1725 hrs **Medical Examiner** Anna M. Miller 4a Facility Name (if not institution, give street and number) 4b. City, Town, or Location of Death c. County of Death Baltimore Washington Medical Center Glen Burnie Anne Arundel If Under 24Hrs. 8. Date of Birth (MM/DD/YYYY) 9. Birthplace (State or 5. Social Security Number 7. Age (In yrs. last birthday) If Under 1 Year **Funeral** Foreign Months Days Hours Director 05/26/1927 Country)MD 79 220-20-1504 Usual Residence of Decedent 10d Inside City Limits 10a. State 10b County 10c. City. Town or Location 'n 1 Yes 2 X No 28a-f show Glen Burnie MD Anne Arundel Pages 1 and 2 should be filed within 72 hours after death with the Maryland tent of Health and Mental Hygiene Director 10f. Zip Code 10e. Street and Number 10g. Citizen of What Country? notified at 21061 U.S.A. 302 Lionsheart Glen 23a 13. Was Decedent of Hispanic Origin? ( Specify Yes or No Funeral 11. Marital Status 12. Was Decedent Ever in U.S. 14. Race - American Indian, Black, must be If Yes, specify Cuban, Mexican, Puerto Rican, etc.) White, etc. Armed Forces? Never Married 2 X Married Yes Widowed f Yes, Give Year Specify white 4 Divorced 1 Yes 2 No specify Examiner þ 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Anne Arundel County Elementary/Secondary (0-12) College (1-4 or 5+) item 27 is marked other than "traumatic event, the Medical Complet Baltimore, MD 21215-0036 Public Schools 12 Secretary 18 Mother's Name (First, Middle, Maiden Surname) 17. Father's Name (First, Middle, Last) Be Lillian M. Standiford John J. Murray 19a Informant's Name/Relationship (Type, Print ) husband 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) ဂ 302 Lionsheart Glen; Glen Burnie, MD 21061 Mr. William J. Miller, Sr. at of Health a 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 20a. Method of Disposition Date 1 Burial 2 X Cremation 3 Removal from State Important: I 09/28/2006 Stevensville, MD Chesapeake Cremation Donation 5 Other Specify: 22. Name and Address of Facility Signature of Funeral Service Licenses Singleton Funeral Home, PA Second Ave SW; Glen Burnie, MD 21061 23a, Part J. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart Approximate Interval **Physician** failure. List only one cause on each line Between Onset and /Medical Death Colon cancer with complications Immediate Cause (Final disease Examiner or condition resulting in death) Due to (or as a consequence of) Sequentially list conditions Due to (or as a consequence of): if any, leading to immediate Examiner cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): and Physician/Medical X UNPENDED AMENDED attending physician or use as the burial -#23a,27,perME 12/11/06 TT Box 68760, IF FEMALE: 23d. Date of delivery 23c. If yes, outcome of pregnancy 3b. Was decedent pregnant in the Day Live birth 3 Ectopic pregnancy Year Fetal death Month past 12 months? Pregnant at time of death 5 Other (Specify) 1 Yes 2 V No 9 Unknown Unknown Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I 23e. Did tobacco use contribute to the cause of death? Division of Vital Records, P.O. ģ 1 Yes 2 No 3 Probably 4 V Unknown Completed 24a. Was an 24b. Were autopsy findings available autopsy prior to completion of cause of has performed? death? After this certificate page ✓ Yes 2 No 1 🗸 Yes 2 No 25. Was case referred to medical 26.Place of Death (Check only one) To the Hospital or Attending Physician: within 24 hours after death.

To the Fineral Director: After this certif completely filled in by the funeral director. Be examiner? Other₄ Hospital: 1 Inpatient 2 🗹 ER/Outpatient 3 Nursing Home 5 Residence 6 Other ဥ 1 V Yes No 28a Date of Injury (Month, Day, Year) 28b. Time of Injury 28c. Injury at Work? 28d. Describe how injury occurred 27. Manner of Death Certification: 1 X Natural Yes 2 No Pending 2 Accident Investigation 28e. Place of Injury - At home, farm, street, factory, office building, etc 28f. Location (Street and Number or Rural Route Number. City 3 Could not be Suicide or Town, State) determined Homicide 29a. Certifier 1 Medical Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as started. (Check only one) 2 Medical Examiner:On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signature and title of certifier 29c. License number 29d Date signed (Month, Day, Year) O.C.M.E. September 27, 2006 e of de th (Item 23a) 30. Name and address of person who completed a

Theodore M. King, Jr., MD 31. Date filed (Month, Day, Year) 2006 OCT 0 2

111 Penn Street, Baltimore, MD 21201

Assistant Medical Examiner

State

Registrar

State of Maryland / Department of Health and Mental Hygien 2006 1 - For State Registrar Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month ARGARET ELIZABETH :00 PM 28,2006 /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner BALTIMORE STELLA MARIS RALTIMORE If Under 1 Year | If Under 24 Hrs. 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Days 1 □ M 2 🕶 F Months Hours 103-20-962 Min. Yrs. ENNSYLVANIA Director Usual Residence of Decedent the Maryland 10b. County 10a State 10c. City, Town or Location 10d. Inside City Limits Itam 27 is marked other than "natural", or Itams 23s or 28s-1 show other traumatic event, the Medical Expedient must be notified at Directo 1 ☐ Yes 2 ₩No SADENA 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? .5.0 by Funeral 7 12. Was Decedent Ever in U.S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race · American Indian, Black, White, etc. 11. Marital Status 1 Yes 2 No If Yes, Give Year or Dates: 1 Never Married 2 Married Baltimore, Maryland 21215-0036 1 ☐ Yes 2 No Specify: 3 Widowed 4 Divorced DhiTE Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry al Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) 1EDICAL NURSE ERISTERED 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be is marked o ဂ DEVARUX 19a. Informant's Name/Relationshi (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Health Item 27 220 OAKHOILO ENICHOISON DAUGHTER 1. PASADENA, MO, 21122 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) Date 20c. Location - City or Town, State Depertment of H Important: If its any injury or of snce. 1 ☐ Burial 2 ☐ Cremation 3 Removal from State NATCHY CHATS PAISTRY 16
22. Name and address of Facility 4 ☐ Donation 5 ☐ Other (Specify) 10 21. Signati Daugherty Family Funeral Home And Cremation Center, P.A. 2601 Mountain Road - Pasadena, MD, 21122 Part1. Enter the disease, or complications that neused if shock, or heart failure. List only one cause on each line. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) **Physician** DEMENTIA /Medical Due to (or as a consequence of): Examiner Sequentially list conditions, if any, leading to immediate cause. East Underlying Cause (Disease or injury that initiated events Due to (or as a consequence of): signed by the attending physicien and d be detached for use as the burial-transit resulting in death) Last Due to (or as a consequence of) Physician/Medical IF FEMALE 23c. If yes, outcome of pregnancy 1 Live birth 2 Fetal death 23b. Was decedent pregnant in the past 12 months?
1 ☐ Yes 2 ▼No 23d. Date of delivery 3 DEctopic pregnancy Month Day Year 4☐Pregnant at time of death 5 ☐ Other (specify) P.0. 9 Unknown 9 Unknown Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? Records, ğ cate hes been signate, page 2 should t Completed 1 ☐ Yes 2 ☐ No 3 Probably 4 Unknown 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? this certificate 1 ☐ Yes 2 ☐ No Division of Vital 1 Yes 2**X** No To the Hospital or Attanding Physician: within 24 hours efter death.

To the Funeral Director: After this certific completely filled in by the funeral director. 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient Other: 1 ☐ Yes 2 ▼ No 4X Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 3 DOA 28a. Date of Injury (Month, Day Year) 28b. Time of Injury 28c. Injury at Work? 27. Manner of Death 28d. Describe how injury occurred Certification: 5 Pending investigation 1 XNatural 1 ☐ Yes 2 ☐ No 2 Accident 3 ☐ Suicide 6 Could not be 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, State) 4 | Homicide Two Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) 29a. Certifier Medical and manner stated. 29c. License numbe 29b. Signature and title of certifier 29d. Date signed (Month, Day, Year) 3 29/06 72 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 5 2300 DULANEY VALLEY RD. DR. TARIQ MAHMOOD TIMONIUM, MD 21093 31. Date filed (Month, nth. Pay. Year) UCI 0 2 2006 32. Registrar's Signature, State The delication Registrar

SEPTEMBER

MARGARET

State of Maryland / Department of Health and Mental Hygier 005 31089 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** PM ptember 34, 2006 4c. County of Death 7:10 Wilda Elizabeth Rohrer /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death Examiner Washington County Hospital Washington Hagerstown 8. Date of Birth (Month, Day, Year) 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs.

Months Days Hours Min. Birthplace (State or Foreign Country) **Funeral** 1 ☐ M 2 🂢 F Yrs 78 Director 165-24-6450 APr 5, 1928 <u>Pennsylvania</u> Usual Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours after deeth with the Maryland Department of Health and Mental Hygiene. Important: If Item 27 ie marked other then "natural", or Iteme 23a or 28a-f ehow empiny or other traumatic event, the Madical Examinar must be notified at once. 10c. City, Town or Location 10a. State 10b. County 10d. Inside City Limits MD Washington 1 ☐ Yes 2√2 No Hagerstown Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 14014 Marsh Pike 21742 14. Race - American Indian, Black, White, etc. Funeral 12. Was Decedent Ever in U.S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status 1 Tes 2 No 1 Never Married 2 Married Baltimore, Maryland 21215-0036 1 ☐ Yes 2 No Specify: Specify: white þ 3 ☐ Widowed 4 ☑ Divorced Year or Dates: Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation unk 16b. Kind of Business/Industry unk (Give kind of work done during most of working life. DO NOT use retired) Elementary/Secondary (0-12) College (1-4or 5+) 12 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Joseph Edward Whitacre Bertha Alice Fike 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Naomia Rohrer/daughter 75 Hampton Grove Drive Berkley Springs, WV 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 X Donation 5 ☐ Other (Specify) State Anatomy Board 655 W. Baltimore Street Baltimore, MD 21201 21. Signature of Euneral Socice Licensee RUITald S. Wa ector run 1 Baltimore, MD Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, in heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition Sepsis Physician /Medical resulting in death) Due to (or as a consequence of): Examiner Disorder SRIZUYC Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): Examiner imphositic Kenkaemia signed by the attending physicien and dedetached for use as the burial-transit The law requires that the death certificate be executed chronic Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical IF FEMALE: 23c. If yes, outcome of pregnancy
1 Live birth 2 Fetal death
4 Pregnant at time of death 23d. Date of delivery 23b. Was decedent pregnant in the past 12 months? 3 Ectopic pregnancy Day Year 5 Other (specify) 1 ☐ Yes 2 ☑ No 9 Unknown 9 Unknown Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? \$ Disorder 1 Yes 2 No 3 Probably 4 Winknown Completed peed abstructive 1) ise as a 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an this certificate hes autopsy performed? 1 Yes 2 No 1 ☐ Yes 2 ☐ No or Attending Physician: 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: 1 Impatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 ☐ No P After thi 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Certification: 1 Matural 5 Pending investigation death. 1 Tes 2 No 2 Accident I Director: d in by the 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide within 24 hours a To the Funerel ( the Hospital 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical 29c. License number 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifier DOG0396 09/25/06 opal ct 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 1126 Hagerstown MD 21740 WALZHED FARID

DHMH 17 Rev 1/2001

State

Registrar

31. Date filed (Month, Day, Year)

OCT 0 2 2006

32. Registrar's Signature

State of Maryland / Department of Health and Mental Hygiene 31090 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death September 28, 2006 **Physician** Katherine H. Richardson 7:45 а м /Medical 4a. Facility Name (If not institution, give street and number) 4c. County of Death 4b. City, Town, or Location of Death Examiner Mays Chapel Ridge Timonium Baltimore If Under 1 Year If Under 24 Hrs. Months Days Hours Min. Month, Day, Mar 14, 9. Birthplace (State or Foreign Mary) and 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** 1 ☐ M 2 ☐ F 219-10-1494 91 Yrs Director Usual Residence of Decedent 10c. City, Town or Location 10a State 10b. County 10d. Inside City Limits 28a-f show traumatic event, the Mudical Examiner must be notified at Timonium Md. Baltimore 1 ☐ Yes 2X No Directo 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 5 permit. Pages 1 and 2 should be filed within 72 hours after death v Department of Heelth and Mental Hygiene. Important: if Item 27 is marked other then "natural", or Items 23a any Injury or other traumatic event, tra Medical Exercises 200. USA 12261 Roundwood Road 21093 by Funeral 12. Was Decedent Ever in U.S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black. White, etc. 1 Never Married 2 Married Baltimore, Maryland 21215-0036 1 ☐ Yes 2 No Specify: 3 X Widowed 4 ☐ Divorced white Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Secretary Baltimore County 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) William Holmes Lydia Murry 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) Lois B. Delinski/ Niece 3587 Vine Springs Trace Bethlehem, Ga. 30620 20b. Place of Disposition (Name of cemetery, crematory or other r 20a Method of Disposition Date 20c. Location - City or Town, State 1 🔀 Burial Cremation 3 □Removal from State First Baptist of Hereford 10/2/06 Hereford, Md. 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Fun tra Service License 22. Name and Address of Facility 1050 York Road Ruck Towson Funeral Home Towson, MD 21204 23a. Part1. Enter the disease, or complications, hat caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) MANLT FAILURE CONCETTIVE Physician /Medical Examiner ADNTIL Sequentially list conditions, if any, leading to immediate cause. Enter Underlying that initiated events resulting in death) Last Due to (or as a consequence of) To the Hospital or Attending Physician: The law requires that the death certificete be executed within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the attending physicien and completely filled in by the tuneral director, page 2 should be detached for use as the burial-transit Due to (or as a consequence of) Division of Vital Records, P.O. Box 68760, by Physician/Medical IF FEMALE: 23c. If yes, outcome of pregnancy 1 ☐ Live birth 2 ☐ Fetal death 23b. Was decedent pregnant in the past 12 months?
1 ☐ Yes 2 ☒ No 23d. Date of delivery 3 Ectopic pregnancy Month Dav Year 4☐Pregnant at time of death 5 Other (specify) 9□ Unknown 9 Unknown Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? Completed 1 ☐ Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause of death?

1 ☐ Yes 2 ☐ No 24a. Was an autopsy performed? res 2/2/No 1 ☐ Yes 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: ۴ 1 ☐ Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Certification: 1 XNatural 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 1 Sertifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier 29c. License number 29b. Signature and title of certifier 29d. Date signed (Month, Day, Year) 00047625 10% 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) priver suite 311. Tanson, mp PICHARD OMALLEY OSLEN 7600 31. Date filed (Month, Day, Year) 32. Registrar's Signature State Registrar

DHMH 17 Rev 1/2001

State of Maryland / Department of Health and Mental Hygiene Certificate of Death . Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Day **Physician** Month Year Edward D. Scott September 20, 2006  $AM^{M}$ /Medical 4a. Facility Name (If not institution, give street and number) Examiner 4b. City, Town, or Location of Death 4c. County of Death Washington Adventist Hospital Montgomery Takoma Park If Under 1 Year If Under 24 Hrs. 6. Sex 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country)
 1111 k **Funeral** Days 1 ₹M 2 ☐ F Hours Yrs. Director 090-30-0554 Sept 9, 1937 Usual Residence of Decedent the Maryland 10a State 10c. City, Town or Location 10d. Inside City Limits Item 27 is marked other than "natural", or Items 23s or 28s-1 show other traumatic event, the Medical Exercipar most be notified at Directo 1 Yes 2 No Prince George's Hyattsville 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? WITH. 6500 Riggs Road 20741 USA by Funeral 12. Was Decedent Ever in U.S. Armed Forces? 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indian, Black, White, etc. 2 should be tilled within 72 hours after and Mental Hygiene. 1 Never Married 2 Married 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: Baltimore, Maryland 21215-0036 1 ☐ Yes 2 ☑ No Specify: white 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) unk 15. Decedent's Education 16b. Kind of Business/Industry unk (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) unk unk 17. Father's Name (First, Middle, Last) unk unk 18. Mother's Name (First, Middle, Maiden Sumame) 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) permit. Peges 1 and 2 Department of Health a Important: If Item 27 is eny injury or other trau once. Washington Adventist Hospital 7600 Carroll Avenue Takoma park, MD 20b. Place of Disposition (Name of cometery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 Cremation 3 Removal from State 4 □Donation 5 ♥ Other (Specify) in state 21. Signature of Luneral Services State Anatomy Board 655 W. Baltimore Street irector 21201 Baltimore, MD 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final **Physician** Dhe disease or condition resulting in death) /Medical Due to (or as a consequence of): Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury Examine the attending physicien and hed tor use as the burial-transit The law requires that the death certificate be executed that initiated events resulting in death) Last Due to (or as a consequence of) P.O. Box 68760 Physician/Medical IF FEMALE: 23c. If yes, outcome of pregnancy
1 ☐ Live birth 2 ☐ Fetal death 23b. Was decedent pregnant 23d. Date of delivery 3 Ectopic pregnancy in the past 12 months? Month Day Year 4☐Pregnant at time of death 5 Other (specify) 1 ☐ Yes 2 ☐ No 9 Unknown 9 Unknown Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? Records, by Completed 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? certificete Division of Vital 2 No 1 ☐ Yes 1 ☐ Yes 2 ☐ No To the Hospital or Attending Physician: After this certification, funeral director, Be 25. Was case referred to medical examiner? 26. Place of Death | Check only one Hospital: Other. 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 ☐ Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA 28a. Date of Injury (Month, Day Year) Certification: 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 Natural 5 Pending within 24 hours after death.

To the Funeral Director: All completely filled in by the fu investigation 1 ☐ Yes 2 ☐ No 2 ☐ Accident 6 Could not be 3 C Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) determined 4 | Homicide 128 Certifying Physicien: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medicel Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier (Check only one) 29c. License number

D U J C C C 29d. Date signed (Month, Day, Year)
Q-20-06 29b. Signature and title of certifie ALCANT FOX CN, 124 Boaie MD 20711 and ddress of person who completed ca not de th (Item 23a) (Type, Print) 14300, 32. Registrar's Signature 31. Date filed (Month, Day, Year) State OCT 0 2 2006 Registrar

State of Maryland / Department of Health and Mental Hygien 0 0 6 31092 For Stata Registra Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Day **Physician** Timothy James Stefanski September 29,06 2:22a /Medical 4a. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner n/a Baltimore Joseph Richey Hospice If Under 1 Year | If Under 24 Hrs. 5. Social Security Number **Funeral** 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) Months Days Hours Min 1XM 2□F 51 Yrs Director 213-68-8829 4-27-1955 Baltimore, MD Usual Residence of Decedent 10a State 10c. City, Town or Location 10b. County 10d. Inside City Limits 28a-f show other treumatic event, the Medical Examinar must be notified at 1X Yes 2 □ No Director MD n/a Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 5 USA 21224 264 S. Bouldin Street iteme 23a Funeral 12. Was Decedent Ever in U.S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indian, Black, White, etc. 1 Never Married 2 Marned Baltimore, Maryland 21215-0036 ö Specify: white 1 ☐ Yes 2 No Specify: þ 3 Widowed 4 Divorced 'neturei', Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) than Hygiene. Elementary/Secondary (0-12) Stefanski's Hard-College (1-4or 5+) permit. Pages 1 and 2 should be filled we Department of Health and Mental Hygient important: If Item 27 is marked other that once. 12th Proprietorware 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Thelma Dasch Thomas Stefanski 19a. Informant's Name/Relationship (Type, Print) Cousin 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Raymond Stefanski 1920 Walnut Ave. Baltimore, MD 21222 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) Date 20c. Location - City or Town, State 1 Burial 2 ☐ Cremation 3 ☐ Removal from State 10/2/2006 Baltimore, MD Holy Redeemer 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility Joseph N. Zannino Jr. FH 263 S. Conkling St., Baltimore, MD 21224 21. Signature of Funeral Service Licensee Janner D 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest shock, or heart failure. List only ne cause on each line. Approximate Interval Between Onset and Death Say perous Cell CARCINOMA Immediate Cause (Final Physician disease or condition resulting in death) /Medical Due to (or as a consequence of) Examiner ARYNGER TOM Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of) Examine SPRAD METASTARIS. The law requires that the death certificate be executed West WITH attending physicien and for use as the burial-tran Due to (or as a consequence of) Box 68760 Physician/Medical IF FEMALE 23c. If yes, outcome of pregnancy 1 ☐ Live birth 2 ☐ Fetal death 23d. Date of delivery 23b. Was decedent pregnant 3 Ectopic pregnancy in the past 12 months? Day 4☐Pregnant at time of death 5 Other (specify) the 9☐ Unknown 9 Unknown þ signed b Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? Records, þ 1 Yes 2 No 3 Probably 4 Unknown Completed 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an has autopsy performed? Yes 2 No certificate 2 No Vital 1 ☐ Yes 1 Yes Hospitel or Attending Physician: director 25. Was case referred to medical Be 26. Place of Death | Check only one Other: 4 Nursing Home 5 Residence 6 Dother (Specify) Hos fue Hospital: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 1 Tes 2 No this Division of 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28c. Injury at Work? Certification: 28d. Describe how injury occurred 1 BNatural 5 Pending 1 Yes 2 No investigation Director: / 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 | Homicide hin 24 hours a the Funerei C mpletely filled i Medical 29a. Certifier 1 🕰 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one) within Z 29b. Signature and title of certifier 29d. Date signed (Month, Day, Year) D14221 30. Name and address Operson who completed cause of death (Item 23a) (Type, Print) 223 TRO au) BALT 31. Date filed (Month, Day, Year) 32. egistrar's Signature State 2006 Registrar

State of Maryland / Department of Health and Mental Hygien 2006 31093 Certificate of Death 2. Date of Death 3. Time of Death 1. Decedent's Name (First, Middle, Last) Month Year **Physician** Eunice L. Snier 335 AM 2006 October /Medical 4b. City, Town, or Location of Death 4c. County of Death 4a. Fecility Name (If not institution, give street and number) Examiner Baltimore N/A Union Memorial Hospital If Under 1 Year | If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 01/19/1921 5. Social Security Number 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign **Funeral** Days Hours 219-20-9967 1 □ M 2 🕱 F Virginia 85 Yrs Director Usual Residence of Decedent fited within 72 hours after death with the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits ?7 Is marked other than "natural", or Itams 23a or 28a-f show traumatic evant, the Medical Examinatings be natified at 1X Yes 2 No Maryland N/A Baltimore Funeral Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21214 3207 Evergreen Avenue U.S.A. 14. Race - American Indian, Black, White, etc. 12. Was Decedent Ever in U.S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status 1 ☐ Yes 2 X No If Yes, Give Year or Dates: 1 Never Married 2 Married 1 ☐ Yes 2 X No Specify: Specify: Completed by 3 ₩ Widowed 4 □ Divorced Pages 1 and 2 should be filed within 72 hours nent of Health and Mental Hygiene. int: If itam 27 Is markad othar than "natural", White 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done du life. DO NOT use retired) during most of working Elementary/Secondary (0-12) College (1-4or 5+) Homemaker Own Home 18. Mother's Name (First, Middle, Maiden Sumame) 17. Father's Name (First, Middle, Last) Buchanan Zena John Kirtz 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) permit. Pages 1 and 2:
Department of Health ar
Important: If itam 27 Is
any injury or other trau Brenda K. Cook -Daughter 3212 Evergreen Avenue Baltimore, MD 21214 20b. Place of Disposition (Name of cemetery, crematory or other place) Date 20c. Location - City or Town, State 20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State
4 ☐ Donation 5 ☐ Other (Specify) Parkwood Cemetery 10/05/2006 Parkville, Maryland 21. Signature of Funeral Service Vicensee Charles Miner 22. Name and Address of Facility 5305 Harford Road Leonard J. Ruck, Inc. Mines Baltimore, MD 21214 23a. Part1. Enter the disease, or complication, that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one parse on each line. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) Preumonia **Physician** 3 days /Medical Due to (or as a consequence of) Examiner NON-SMall cell year Sequentially list conditions, if any, leading to immediate cause. Enter underlying Cause (Disease or injury Examiner Due to (or as a consequence of): The law requires that the death certificate be executed burial-transit that initiated events physician and resulting in death) Last Due to (or as a consequence of) Physician/Medical use as the IF FEMALE: 23c. If yes, outcome of pregnancy 1 ☐ Live birth 2 ☐ Fetal death 23d. Date of delivery 23b. Was decedent pregnant 3 Ectopic pregnancy in the past 12 months?

1 Yes 2 No
9 Unknown Month 4□Pregnant at time of death 5 Other (specify) be detached signed by the 9☐ Unknown 23e. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Completed by 1 Yes 2 No 3 Probably 4 □Unknown 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? page 2 certificate has 1 Tas or Attending Physician: director, 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA Certification: To 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? funeral 28b. Time of 27. Manner of Death 28d. Describe how injury occurred After 5 Pending 1 Natural 2 Accident 1 ☐ Yes 2 ☐ No death. investigation filled in by the within 24 hours after deatl To tha Funaral Diractor: 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 - Homicide To the Hospital Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifiei Medicai (Check only one) 29d. Date signed (Month, Day, Year) 29c. License number 29b. Signature and title of certifier October 1 D0052391 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Memorial Union 31. Date filed (Month, Day, Year) 32, Registrar's Signature State OCT 0 2 2006 Registrar

**ORIGINAL** 

Baltimore, Maryland 21215-0036

P.O. Box 68760,

Division of Vital Records,

DHMH 17 Rev 1/2001

State of Maryland / Department of Health and Mental Hygiene 2006 31194 Certificate of Death Decedent's Name (First, Middle, Last) 2. Date of Death Month Sept. **Physician** Marie Katherine Shultz 26, 2006 3:10 /Medical 4a. Facility Name (If not institution, give street and number) 4c. County of Death 4b. City, Town, or Location of Death Examiner Genesis-Eldercare Heritage Center Dundalk Baltimore If Under 1 Year If Under 24 Hrs.

Months Days Hours Min. 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) Date of Birth (Month, Day, Year) 3/06/1907 Birthplace (State or Foreign Country) **Funeral** 1□M 2□F 213-01-1852 99 Director Maryland Usual Residence of Decedent with the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "naturel", or Itema 23a or 28a-f ehow the Madical Examiner must be notified at MD N/A Baltimore Director 1X Yes 2 □ No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 4405 Willshire Ave. 21206 USA by Funeral filed within 72 hours after death 12. Was Decedent Ever in U.S. Armed Forces? Race - American Indian, Black, White, etc. 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Yes 2 X No If Yes, Give Year or Dates: 1 Never Married 2 Married Baltimore, Maryland 21215-0036 Specify: White 1 ☐ Yes 2 X No 3 Nidowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry marked other than Elementary/Secondary (0-12) College (1-4or 5+) 10 Homemaker Own Home 7 le marked othe traumatic event, 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Department of Health and Mental Important: If item 27 is marked o Pages 1 and 2 should be Henry Tripp Margaretha W. Plaenker 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mr. Richard D. Shultz / Son 4405 Willshire Ave. Baltimore, MD 21206 20b. Place of Disposition (Name of cemetery, crematory or other in 20a. Method of Disposition 20c. Location - City or Town, State 1 X Burial 2 ☐ Cremation 3 ☐ Removal from State Arlington National Cem. Important: I eny injury o once. 10/26/2006 | Arlington, VA 4 □ Donation 5 □ Other (Specify) 21. Signature of Funeral Service Licensee Militerly Davidson 22. Name and Address of Facility 5305 Harford Rd. Leonard J. Ruck, Inc. Baltimore, MD 21214 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) **Physician** /Medical Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Examiner physician and s the burial-transit To the Hospital or Attending Physician: The law requires that the death certificate be executed Division of Vital Records, P.O. Box 68760, Physician/Medical attending pl IF FEMALE: 23c. If yes, outcome of pregnancy
1 ☐ Live birth 2 ☐ Fetal death 23b. Was decedent pregnant in the past 12 months?
1 2 Yes 2 No 23d. Date of delivery 3 □Ectopic pregnancy Month 4□Pregnant at time of death 5 Other (specify) signed by the a 9 Unknown 9 Unknown Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? Be Completed by 3 Probably 1 ☐ Yes 2 ☐ No certificete has been si rector, page 2 should 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performe 1 🗌 Yes 1 Tyes 2 No funeral director, 25. Was case referred to medical 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient Other: Medical Certification: To 1 ☐ Yes 2 No 4 Vursing Home 5 Residence 6 Other (Specify) 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred After 1 Natural 2 Accident 5 Pending within 24 hours after death.

To the Funeral Director: A completely filled in by the fu 1 ☐ Yes 2 ☐ No investigation 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 - Homicide 29a. Certifier (Check only one) Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signature and title of certifier 29d. Date signed (Month, Day, Year) State OCT 0 2 2006 Registrar

Please Type or Print in Black Indelible Ink. Ensure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygien 2005 Certificate of Death 2. Date of Death 1. Decedent's Name (First, Middle, Last) 3. Time of Death Day Year Month Physician STANLE 3:15 PM KENNETH 27 SEVIEMBER 200€ /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner MEDICAL BALTIMORE CENTER If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1⊠M 2□F Director April 8,1924 Maryland 82 216-16-9215 Usual Residence of Decedent 10a. State 10c. City, Town or Location 10d. Inside City Limits 10b. County or 28a-f show the Medical Examiner must be notified at Eastview 1 ☐ Yes 2 XNo Maryland Baltimore Directo 10e. Street and Number 10g. Citizen of What Country? 10f. Zip Code 238 United States 21224 527 Southern Avenue 12. Was Decedent Ever in U.S. Armed Forces? 14. Race - American Indian, Black, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status 1 ⊠Yes 2 □ No If Yes, Give Year or Dates: WWII 1 Never Married 2 Married 0 ģ Specify: 3 ☑ Widowed 4 □ Divorced White "natural" Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry I Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) Can Factory Shipping Clerk 10 Years t of Health and Mental Hyg If Item 27 te marked other or other treumatic event, 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Pages 1 and 2 should be Anna C. Stein Clarence H. Stanley 19a. Informant's Name/Relationship (Type, Print) (Daughter) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7876 Kavanagh Road Dundalk, Maryland 21222 Mrs. Cynthia A. Weiser 20c. Location - City or Town, State 20b. Place of Disposition (Name of cemetery, crematory or other place) Date 20a. Method of Disposition 1 X Burial 2 ☐ Cremation 3 ☐ Removal from State Department Important: I eny injury o Sacred Ht. of Mary Cem. 9/30/2000 Dundalk, Maryland 4 ☐ Donatjon # 5 ☐ Other (Specify) 21. Signatur of uneral Service Licenses 22. Name and Address of Facility
Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Ave. Dundalk, Maryland 23a. Part1. Enter the disease, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or hear failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) CONGESTIVE HEART FAILURE **Physician** MONTHS /Medical Due to (or as a consequence of): Examiner Years CARDIOMYOTATHY Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of) physicien and s the burial-transit The law requires thet the death certificate be executed Due to (or as a consequence of) Physician/Medical for use as IF FEMALE: 23c. If yes, outcome of pregnancy

1 Live birth 2 Fetal death 23d. Date of delivery 23b. Was decedent pregnant 3 Ectopic pregnancy in the past 12 months?
1 Yes 2 No Month Dav Year 4☐Pregnant at time of death 5 Other (specify) been signed by the should be detached 9 Unknown 9 Unknown Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? ģ PNEUMONI 3 Probably 4 Dunknown Completed 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an hes autopsy performed 2 No 1 ☐ Yes 2 ☐ No 1 Yes funeral director. 25. Was case referred to medical 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 patient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Day Year) 28b. Time of Injury 27. Manner of Death 28d. Describe how injury occurred After t Certification: 1 Matural 5 Pending after death. 1 ☐ Yes 2 ☐ No investigation 2 Accident the 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) filled in by after 4 🗌 Homicide To the Hospital of within 24 hours af To the Funerel D 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. Medicai 29a. Certifier within 24 hor To the Fune completely fi 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifier 29c. License number

State Registrar

31. Date filed (Month, Day, Year)

UCT 0 2 2006

DHMH 17 Rev 1/2001

Maryland 21215-0036

Baltimore,

Ö

۵.

Records,

of Vital

Goods

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

Matthias HOLDHOFF, M.D., JOHNS HOVELUS BAYVIEW MEDICAL CENTER

4946 EASTERN AVENUE, BALTIMORE, MD 2

RES-000

SEPTEMBER 27, 2006

State of Maryland / Department of Health and Mental Hygier 006 1 - For State Registrar 31096 Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Physician September 27, 2006 Ruth Elizabeth Stuckrath 8:50 p M /Medical 4c. County of Death 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death Examiner Baltimore Oak Crest Baltimore If Under 1 Year If Under 24 Hrs. Months Days Hours Min. 8. Date of Birth (Month, Day, Year) Nov. 12, 1 5. Social Security Number 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign **Funeral** 1 ☐ M 2 💢 F 89 Director 215-07-6194 Yrs Maryland 1916 Usual Residence of Decedent 10a, State 10b. County 10c. City, Town or Location permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylar Department of Health and Mental Hygiene.
Important: If item 27 is marked other than "natural", or Itema 23a or 28a-f show any injury or other treumatic event, the Medical Examinar must be recitied at once. 10d. Inside City Limits Md. Baltimore Baltimore 1 ☐ Yes 2X No Directo 10g. Citizen of What Country? 10e. Street and Number 10f. Zip Code 21208 3 Woodholme Village Ct. Funera 12. Was Decedent Ever in U.S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 ☐ Yes 2 🔯 No If Yes, Give Year or Dates: 1 Never Married 2 Married 1 ☐ Yes 2 No þ Specify: White 3 Nidowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Clerk Beth. Steel 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Henry M. Witmyer Ruth E. Harrison 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code, 3 Woodholme Village Ct. Baltimore, Md. 21208 Susan Zaranski/ Daughter 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 1 X Burial 2 ☐ Cremation 3 ☐ Removal from State 10/24/06 Parkwood Cemtery Baltimore, Md. 4 Donation 5 Other (Specify) 22. Name and Address of Facility Ruck Towson Funeral Home, Inc. 1050 York Rd. Towson, Md. 21204 21. Signature of Fund al Service Licensee 23a. Part1. Enter the disease, a complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) Myclodysplani Physician /Medical Due to (or as a consequence of) Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): Examine Due to (or as a consequence of): Physician/Medicai 23c. If yes, outcome of pregnancy
1 Live birth 2 Fetal death 23b. Was decedent pregnant in the past 12 months?
1 ☐ Yes 2 ☑ No 23d. Date of delivery 3 Ectopic pregnancy Month Day Year 4☐Pregnant at time of death 5 ☐ Other (specify) 9 Unknown 9 Unknown Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? Completed by 1 Yes 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause of death?

1 Yes 2 No 24a. Was an autopsy performed 1 Yes 2 No 25. Was case referred to medical examiner? Be 26. Place of Death | Check only one Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 versing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 ☐ No ဥ After thi 27. Manne of Death 28a. Date of Injury (Month, Day Year) 28b. Time of Injury 28c. Injury at Work? Medical Certification: 28d. Describe how injury occurred . 5 Pending investigation М 1 ☐ Yes 2 ☐ No 2 Accident 3 ☐ Suicide 6 ☐ Could not be 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) within 24 hours after of To the Funeral Direct completely filled in by 4 \ Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner. On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier 29b. Signature and title of cendier 29c. License number 29d. Date signed (Month, Day, Year) Septemb 2fth 2006 DIBINT 30. Name and addr of person who completed cause of death (Item 23a) (Type, Print) Portulle B1-3 E400 Wa (the

Registrar DHMH 17 Rev 1/2001

State

Lundrmon

OCT 0 2 2006

31. Date filed (Month, Day, Year)

Baltimore, Maryland 21215-0036

20/12/6

Ruch

Stackeat

ELIZABETH

Division of Vital Records, P.O. Box 68760

32. Begistrar's Signature

		1 - For State Registrar		f Marylar		artmen rtificate			and M		Reg. No.	006	3109
Physicia /Medic	al	Decedent's Name (First, Middle, Last     ADOLPH     4a. Facility Name (If not institution, give	VULI	c MANN		Ab Cib.	Tour or	Logation	f Dooth	2. Date of De Month	Day	Year 2036	3. Time of Death
Examin Funeral Director	er	Autumn Hills Assis 5. Social Security Number 6. Se	ted Li		last birthday) Yrs.		1ton	If Under 2		8. Date of Bird (Month, Da Dec 12	Ho	ward  9. Birth	place (State or Foreign ntry) Land
pu ,	ctor	217-09-0972  Usual Residence of Decedent  10a. State  10b. County  MD  Howard			ty, Town or Lo	cation				Dec 12	, 1)1		10d. Inside City Limits
ath with the	rai Director	10e. Street and Number 12401 Lime Kiln F	Road			10f. Zip	Code	207	759		10g. Citize	USA	ntry?
nours after de ural', or items	Completed by Funeral	11. Marital Status  1 □ Never Married 2 □ Married  3 □ Widowed 4 ☑ Divorced	Armed For 1 ☐ Yes If Yes, Giv Year or Da	2 ⊠ No		1 ☐ Yes 2	No No	Specify:	gin? (Spe , Puerto F	crfy Yes or No Rican, etc.)		Race - Americ Black, White, pecify: Whi	etc.
d 2 should be filed within 72 hours at and Menlal Hygiene 77 is marked other than "natural", or traumatic event, it a Medical Exact	Complete	15. Decedent's Edi (Specify only highest grad Elementary/Secondary (0-12) 12		-4or 5+)	16a. Dece (Give life. I	kind of wor OO NOT, as	k done d e retired,	terer			f	of Business/In urnitur	•
nould be fill a Mental H narked ott	To Be	17. Father's Name (First, Middle, Last) Ferdinand Carl V		n				Hi1	da E	(First, Middle,	ottma	nn	
permit. Pages I and 2 should be filed within 72 hours after death with the Maryla Department of Health and Menlal Hygiene Important: If tem 27 is marked other than "natural", or Items 23a or 28a-1 show any injury or other traumatic event, the Medical Exacultarimatible notified at ORDE.		19a. Informant's Name/Relationship (T) Eric Volkmann/son 20a. Method of Disposition 1 □ Burial 2 □ Cremation 3 □ F 4 ☒ Donation 5 □ Other (Specify)				Whitfi	Le1d	Road	Cat	I Route Numbe Onsvill ate	e, MI	Fown, State, Zipt $21228$ attion - City or To	3
permit. F Departme Importan any Injur		21. Signature of Funeral Service Sicens	Pajde //	irector	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	Name and ate A					Balt	imore S	Street
Cate be executed  We dical  Example and control of the prijetransit control of the prijetransit control of the prijetransit control of the prijetransit control of the prijetransit control of the prijetransit control of the prijetransit control of the prijetransit control of the prijetransit control of the prijetransit control of the prijetransit control of the prijetransit control of the prijetransit control of the prijetransit control of the prijetransit control of the prijetransit control of the prijetransit control of the prijetransit control of the prijetransit control of the prijetransit control of the prijetransit control of the prijetransit control of the prijetransit control of the prijetransit control of the prijetransit control of the prijetransit control of the prijetransit control of the prijetransit control of the prijetransit control of the prijetransit control of the prijetransit control of the prijetransit control of the prijetransit control of the prijetransit control of the prijetransit control of the prijetransit control of the prijetransit control of the prijetransit control of the prijetransit control of the prijetransit control of the prijetransit control of the prijetransit control of the prijetransit control of the prijetransit control of the prijetransit control of the prijetransit control of the prijetransit control of the prijetransit control of the prijetransit control of the prijetransit control of the prijetransit control of the prijetransit control of the prijetransit control of the prijetransit control of the prijetransit control of the prijetransit control of the prijetransit control of the prijetransit control of the prijetransit control of the prijetransit control of the prijetransit control of the prijetransit control of the prijetransit control of the prijetransit control of the prijetransit control of the prijetransit control of the prijetransit control of the prijetransit control of the prijetransit control of the prijetransit control of the prijetransit control of the pri	Icai Examiner	23a. Pant. Enter the deleater one implication of heart failure. List only of Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions. Tany leading to in modiate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	Due to (c	nused the deat ach line.  // A V ( - D)  or as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a conseque	DEMEA  uence of):	er the mode	of dying	, such as c	cardiac or	r respiratory <i>a</i> r	rest,		Approximate Interval Between Onset and Death
at the death certifice by the attending pt tached for use as t	Physician/Medical	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 □ Yes 2 □ No 9 □ Unknown	1 Live bi	come of pregna rth 2 □ Feta ant at time of d wn	Ideath 3	Ectopic pre Other (spe	ognancy ocify)				236	d. Date of delive Month	ery Day Year
	Completed by Ph	Part II. Other significant conditions con	ntributing to de	ath but not res	ulting in the ur	derlying ca	use give	n in Part I.	_	1 Y	es 2 d	3 ☐ Prob 24b. Were auto prior to cor death?	ne cause of death?  ably 4 Unknown  psy findings available  mpletion of cause of  2 No
hysician his certifi il director.	To Be	25. Was case referred to medical examiner? 1	28a. Date of		ER/Outpatient 28b. Time of Injury		c. Injury Work	. 4 🗆 Nur	sing Hom	Check only or	ence 6	Other (Specify	same civinc
tal or Attending s after death. al Director: Afte	Certification:	3 ☐ Suicide 6 ☐ Could not be determined	28e. Place of building	of Injury - At ho g, etc. (Specif)	ome, farm, stre	et, factory,	office		2	8f. Location (S City or Tow	treet and f n, State)	Number or Rura	l Route Number,
he Hospi in 24 hour he Funer pletely fill	edicai	29a. Certifier   1   Certifying Physical (Check only one)   2   Medical Examination	ician: To the later: On the base and manner	sis of examina	wledge, death tion and/or inv	occurred a estigation,	t the time in my op	e, date and nion, death	place, ar occurre	nd due to the d d at the time, d	ause(s) an late and pl	d manner as st ace, and due to	ated. the cause(s)
To t To t	×	29b. Signature and title of certifier  30. Name and ad ress / person who co	→ NO	of donth //	1 22a\ (T: 1		DS/2			à		igned (Month,	
Stat Registra	9	Jo warthan PUSH Ad 31. Date filed (Month, Day, Year)	9 /0 32. Re	700 (На gistrar's Signa	ture	N #	200	Cord	m/sa	10	2104	4	

2006

State of Maryland / Department of Health and Mental Hygien 2006 31099 1 - For State Registrar Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month Year **Physician** 0700 PM VERSCHLEISSER SAMUEL SEPTEMBER ZB 2006 /Medical 4b. City, Town, or Location of Death 4c. County of Death 4a. Facility Name (If not institution, give street and number) Examiner SINAI HOSPITAL OF BALTIMORE BALTIMORE N/A If Under 1 Year | If Under 24 Hrs. 8. Date of Birth 12/23/1920 9. Birthplace (State or Foreign Country) AUSTRIA 7. Age (In yrs. last birthday) 5. Social Security Number 6. Sex **Funeral** 1 € M 2 □ F Months Days Hours 85 Director 558-18-5461 Usual Residence of Decedent the Maryland 10c. City, Town or Location 10d. Inside City Limits 10a. State 10b. County or 28a-f ehow 1 ¥Yes 2 ☐ No Funeral Director MD N/A BALTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 3200 W. STRATHMORE AVENUE 21215 USA 14. Race - American Indian, Black, White, etc. 12. Was Decedent Ever in U.S. Armed Forces? 1 ☐ Yes 2 📉 No Was Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) or items 11. Marital Status 1 Never Married 2 Married 21215-0036 WHITE 1 ☐ Yes 2 X No Specify. Specify: Completed by 3 X Widowed 4 □ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry l Hygiene. other than " Elementary/Secondary (0-12) 12 College (1-4or 5+) CONTRACTOR REAL ESTATE Baltimore, Maryland 18. Mother's Name (First, Middle, Maiden Sumame) 17. Father's Name (First, Middle, Last) Be 12 should be finance and Mental H ELIYAHU **VERSCHLEISSER** TZYRIL SEIF 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) of Health of Health of Health of Item 27 is JOSEPH VERSCHLEISSER / SON 205 WEST END AVENUE - NEW YORK, NY 10023 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Pages nent of I 1 ☐ Burial 2 ☐ Cremation 3 🛣 Removal from State = 0 permit. Page Department of Important: If eny injury or once. BETH DAVID CEMETERY 09/29/2006 ELMONT, NY 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility SOL LEVINSON & BROS., INC. 21. Signature of Funeral Service Licenses 8900 REISTERSTOWN ROAD - PIKESVILLE, MD 21208 Approximate Interval Between Onset and Death 23a. Part / Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Immediate Cause (Final SEPSIS Pnysician 941 disease or condition resulting in death) /Medical Due to (or as a consequence of): Examiner NEUMONIA 5 BILATERAL Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of) Examine The law requires that the death certificate be executed burial-transit Due to (or as a consequence of): Records, P.O. Box 68760. Completed by Physician/Medical attending physic IF FEMALE: 23c. If yes, outcome of pregnancy 1 Live birth 2 Fetal death 23d. Date of delivery 23b. Was decedent pregnant 3 Ectopic pregnancy Year in the past 12 months? 1 ☐ Yes 2 ☐ No Month Day 4 Pregnant at time of death 5 Other (specify) signed by the a 9 Unknown 9 Unknown Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? Chronic OBS MUCTIVE disease JULMONARY 3 Probably 4 Unknown 1 ☐ Yes 2 ☐ No 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an page rmed? 2 No 2 No 1 ☐ Yes 1 Tyes Division of Vital or Attending Physician: 25. Was case referred to medical Be 26. Place of Death (Check only one) examiner? Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 No 1 Inpatient Medical Certification; To 2 ER/Outpatient 3 DOA 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 27. Manner of Death 28b. Time of 28d. Describe how injury occurred Injury 1 Natural 5 Pending death. 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) Direct d in by t 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide hours after To the Hospital of within 24 hours af To the Funeral D completely filled in Certifying Physicien: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29a. Certifier 2 Medical Exeminer: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one) 29b. Signature in title of certifier 29d. Date signed (Month, Day, Year) 29c. License number MD SETTEMBER 28 2006 MILT 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) FABR1210 BALTIMONE CAIMI MD SINAI HOSPITAL OF 31. Date filed (Month, Day, Year) 32. Registrar's Signature State OCT 0 2 2006 Registrar

State of Maryland / Department of Health and Mental Hygiene, Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Day KENNETH WOLF SEPTEMBER 29, 2006 7:10 P.M /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner GILCHRIST CENTER TOWSON BALTIMORE 5. Social Security Number If Under 1 Year If Under 24 Hrs. Months Days Hours Min. 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** 1**X** M 2□ F 562-38-2795 Director 6/15/1923 MARYLAND 83 Usual Residence of Decedent with the Maryland 10a. State 10c. City, Town or Location r then "natural", or iteme 23a or 28a-f ehow the Medical Examiner must be notified at 10d. Inside City Limits Director BALTIMORE 1 ☐ Yes 2 X No PARKVILLE 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 7607 PARK DRIVE 21234 USA Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. Was Decedent Ever in U.S. Armed Forces? 11. Marital Status 14. Race - American Indian, Armed Forces:

12 Yes 2 No
If Yes, Give
Year or Dates: WWII filed within 72 hours after 1 ☐ Never Married 2 ☐ Married Maryland 21215-0036 1 ☐ Yes 2 ☐XNo þ Specify: Specify: WHITE 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Elementary/Secondary (0-12) College (1-4or 5+) TRUCK DRIVER LOCAL 557 5TH GRADE other 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be and Mental marked FRANK WOLF 7 ie marker traumatic UNAVAILABLE 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) nt of Haalth a : if item 27 is or other tran KENNETH J. WOLF/SON 7607 PARK DRIVE BALTIMORE. MD 21234 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Date 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 □ Donation 5 □ Other (Specify) METRO CREMATORY, INC. 10/2/2006 CATONSVILLE, MD 21. Signature of Funeral Service Licensee 22. Name and Address of Facility THE JOHNSON FUNERAL HOME, P.A. 8521 LOCH RAVEN BLVD. TOWSON, MD 23a. Part I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) Pnysician MOGTES Cancer Due to (or as a consequence of): /Medical Examiner Sequentially list conditions, fany, beging to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of) physicien and the burial-transit Exami Due to (or as a consequence of): Records, P.O. Box 68760 Physician/Medicai attending pt IF FEMALE: 23c. If yes, outcome of pregnancy
1 ☐ Live birth 2 ☐ Fetal death
4 ☐ Pregnant at time of death 23b. Was decedent pregnant 23d. Date of delivery 3 □Ectopic pregnancy in the past 12 months? 1 ☐ Yes 2 ☐ No Month Day Year 5 Other (specify) signed by the a d be detached f Part II, Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? δ Obstrictive Line 1 Yes 2 No 3 ☐ Probably 4 ☐ Unknown Be Completed 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Vital 210 No 1 Yes 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1755/100 Certification: To 1 ☐ Yes 2 No ð 28a. Dale of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Division or Attending 1 Natural 5 Pending 1 Tes 2 No 2 Accident investigation 6 ☐ Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, elc. (Specify) Location (Street and Number or Rural Route Number, City or Town, State) within 24 hours at To the Funeral D completely filled i Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medicai 29a. Certifier (Check only 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) D0061199 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Worth Charles Street Suite 209, Touson Med 21204 Black 656 32 Regislrar's Signature 31. Date filed (Month, Day, Year) OCT 02 State Registrar

	•	1 - For State Registrar	State of F	viai ylailu /	Cer	tificate of L	Death	,	Reg. No.	.006	31101
Physici		Decedent's Name (First, Middle	e, Last) Helen	D. White	е			2. Date of Do Month Sept.	eath Day 28		3. Time of Death 2:45 A
/Medic Examin		4a. Facility Name (If not institution	n, give street and numbe	er)		4b. City, Town, or	Location of Death		4c.	County of Death	
		Gilchrist Nurs				TOWSO	n If Under 24 Hrs.	0.000			ore Co.
Funeral Director		5. Social Security Number 219-05-1949  Usual Residence of Decedent	6. Sex 7 1 ☐ M 2 ☑ F	Age (In yrs. last b	Yrs.	Months Days	Hours Min.	8. Date of Bi (Month, Di Feb. 2	ay, Year)	19 Mar	place (State or Foreigi intry) yland
yland now		10a. State 10b. County		10c. City, Tov	wn or Loc						10d. Inside City Limits
Ba-fel	ctor		ltimore			<del></del>	Dundalk				1 ☐ Yes 2 🛣 No
h with th	al Dire	10e. Street and Number 2516 Plainfie	eld Road			10f. Zip Code 2122	.2			zen of What Cou .ted Sta	•
is 1 and 2 should be filed within 72 hours after death with the Maryland of Health and Mental Hygiene. Item 27 is marked other than "naturel; or items 23a or 28a-1 show other traumatic event, its Madical Examinat must be notified at	y Funeral Director	11. Marital Status  1 Never Married 2 Mar	If Yes, Give	s? ☑No		Vas Decedent of His Yes, specify Cubar ☐ Yes 2⊠ No		pecify Yes or No Rican, etc.)		14. Race - Amer Black, White Specify:	, etc.
2 hours sture!',	ed by	3 ☑ Widowed 4 ☐ Divorced	it's Education		a. Deced	ent's Usual Occupa	tion			nd of Business/i	hite
ithin 72	Completed	(Specify only highe Elementary/Secondary (0-12)	st grade completed) College (1-4d	or 5+)	(Give I life. D	kind of work done d OO NOT use retired)	uring most of won	king			
filed w Hygier ther th		8 Years 17. Father's Name (First, Middle,	Last)		Di	stillery	Worker  18. Mother's Nam	ne (First, Middle		Seagram Sumame)	S
ked o	To Be	George Die						Janous		,	
and M e mar	-	19a. Informant's Name/Relations		19		g Address (Street a			-		
and 2 ealth a m 27 le		Mr. William Gar	dner (Nephe								r, MD 2122
permit. Pages 1 and 2 Depertment of Health s Important: If item 27 li any injury or other tra		20a. Method of Disposition  1 🔀 Burial 2 🗆 Cremation		70		sition (Name of patory or other place		Date 2.42006		cation - City or 1 ldle Riv	
entme certme cortant injury		4 Donation 6 Other (S		HOLLY	22	1 Mem. Go	e of Facility				
Depermine Depermine Important in any irrespondent		Eng"	1- Krs	ny	7	uda-Ruck 922 Wise	Ave. Du	ındalk,	Mary	land 2	1222
		23a. Part1. Enter the disease, or shock, or heart failure. List	r complications that caus only one cause on each	sed the death. Do n lipe.	not ente	er the mode of dying	, such as cardiac	or respiratory	arrest,		Approximate Interval Between Onset and Death
Physician /Medical		Immediate Cause (Final disease or condition resulting in death)		Sitmal as a consequence	cell	Carcin	ma				untro
Examiner		O The Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the	b	as a consequence	e 01).						
sit 9d	iner	Sequentially list conditions, in any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events		as a consequence	a off):						
axecut and al-tran	xar	that initiated events resulting in death) Last	c. Due to (or	as a consequence	e of):						
ysicial ysicial	edical Examiner		d								
To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours elater death.  To the Funeral bifer clost.  To the Funeral bifer clost. After this certificate has been signed by the attending physicien and continue to the funeral bifer the funeral director, page 2 should be detached for use as the burial-transit	Physician/Med	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 □ Yes 2 □ No 9 □ Unknown		2 Fetel deat at time of death		Ectopic pregnancy Other (specify)			2	23d. Date of delin	very Day Year
juires inat u n signed by ild be detac	Ď.	Part II. Other significant conditi	ons contributing to deat	h but not resulting	in the un	derlying cause give	n in Part I.		tobacco u		the cause of death?
The law rec ste has beer bage 2 shou	Completed								opsy ormed?	prior to c death?	copsy findings available ompletion of cause of
cian: sertifica ector,	Be	25. Was case referred to medica examiner?				04.	26. Place of Dea				
ing Physic	lon: To	1 ☐ Yes 2 № No  27. Manner of Death  1*②Natural 5 ☐ Pendi			Outpatient Time of Injury	28c. Injury Work	at ?	ome 5 Res 28d. Describe		<del></del>	ity) hospill
or Attended the death Director: in by the	Certification:	2 Accident investi 3 Suicide 6 Could 4 Homicide determ	nined 288. Place of	Injury - At home, t etc. (Specify)	farm, stre		′es 2 □No		(Street and own, State)		ral Route Number,
To the Hospital or Attendi within 24 hours after death. To the Funeral Director: A completely filled in by the fu	Medical Co	29a. Certifier 1 Certifyii (Check only 2 Medical	ng Physician: To the be Examiner: On the basis and manner	s of examination a	ge, death and/or inv	occurred at the tim restigation, in my op	e, date and place inion, death occu	, and due to the rred at the time	cause(s) , date and	and manner as I place, and due	stated. to the cause(s)
To the within To the comple	Me	29b. Signardre and title of certifie				29c. License				e signed (Month	28 200C
-1		30. Name and address of person	who completed cause of	of death (Item 23a)	(Type, I	Print)	slvo, Po	usm 1			
Sta Registi		31. Date filed (Month, Day, Year, OCT 0 2	2006 32 Reg	istrar's Signature	5500	nown B					

State of Maryland / Department of Health and Mental Hygier 006 For State Registrar Certificate of Death 2. Date of Death 1. Decedent's Name (First, Middle, Last) 3. Time of Death SEPTEMBER 28, 2006 02:45FM **Physician** Harold M. Wood /Medical 4a. Facility Name (If not institution, give street and number)
Saint Joseph Medical 4c. County of Death 4b. City, Town, or Location of Death Examiner Center Towson Baltimore 8. Date of Birth (Month, Day, Year) NOV. 10, 1 If Under 1 Year If Under 24 Hrs. 5. Social Security Number 6 Sax 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Months Days Hours Min. 1⊠M 2□F Yrs. West Virginia 233-54-7861 69 1936 Director Usual Residence of Decedent 10c. City, Town or Location 10a State 10b. County 10d. Inside City Limits or 28a-f show the Medical Examiner count by notified at 1 ☐ Yes 2 ☐ No Md. Harford Street Directo 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 3237 Conowingo Road 21154 Items 23a USA death Funeral 12. Was Decedent Ever in U.S. Armed Forces? 1 ☑ Yes 2 ☐ No If Yes, Give Year or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. permit. Pages 1 and 2 should be tiled within 72 hours atter of Department of Health and Mental Hygiene. Important: if Item 27 is marked other than "natural", or Item any injury or other traumatic event, the Medical Exerci-1 ☐ Never Married 2 X Married Baltimore, Maryland 21215-0036 1 ☐ Yes 2 XNo Specify: δ Specify: White 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Specify only highest grade completed) (Give kind of work done during most of working life. DO NOT use retired) Elementary/Secondary (0-12) College (1-4or 5+) Superintendent Construction 12 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Henry M. Wood Amv Bragg ပ 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mrs. Patricia Wood/ Wife 3237 Conowingo Rd. Street, Md. 21154 20b. Place of Disposition (Name of cemetery, crematory or other place) Date 20a. Method of Disposition 20c. Location - City or Town, State 1 Durial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Garrison Forest Va. Cem 10-3-06 Garrison, Md. 22. Name and Address of Facility. RUCK Towson Funeral Home, 1050 York Rd. Towson, Md. 21. Signature of Puneral Service Licens-e 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) CHRONIC OBSTRUCTIVE PULMONARY DISEASE Physician YEARS /Medical Due to (or as a consequence of): Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): Examine physicien and s the burial-transit To the Hospital or Attending Physician: The law requires that the death certificate be executed Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical 23c. If yes, outcome of pregnancy 1 ☐ Live birth 2 ☐ Fetal death 23b. Was decedent pregnant in the past 12 months?
1 ☐ Yes 2 ☐ No 23d. Date of delivery 3 Ectopic pregnancy Month Day Year 4☐Pregnant at time of death 5 Other (specify) signed by the e 9 Unknown 9 Unknown Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? Š Completed 3 Probably 4 □Unknown 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an certificete 2 No 1 ☐ Yes 2 No 1 Yes 25. Was case referred to medical examiner? Be 26. Place of Death Check only one, Hospital: 1 XInpatient Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 No Certification: To 2 ER/Outpatient 3 DOA this Atter thi 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 27. Manner of Death 28b. Time of 28d. Describe how injury occurred 1 Natural
2 Accident 5 Pending investigation I Director: A 1 ☐ Yes 2 ☐ No death. 3 Suicide 6 ☐ Could not be 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 | Homicide etter within 24 hours e To the Funeral [ completery tilled 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medicai 29b. Signature and title of certifier 29c. License number D0017695 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 7601 OSLER DRIVE TOWEON, MARYLAND 21204 ABDALLAH J HELOU. M. D.

State Registrar 31. Date filed (Month, Day, Year)

32. Registrar's Signature

2006

			For State Registrar		Department of Health and I Certificate of Death	Mental Hygiens 0 0	6 31103
,	Physici	an	1. Decedent's Name (First, Middle, Last			2. Date of Death Month	Year 3. Time of Death
	/Medic Examin		4a. Fecility Name (If not institution, give		4b. City, Town, or Location of Deatl	h 4c. County	of Death
	Funeral Director		5. Social Security Number 6. Se	du sole	hday) If Under 1 Year If Under 24 Hrs. Months Days Hours Min.	8. Date of Birth (Month, Day, Year)	9. Birthplace (State or Foreign Country)  Marcilland
		4	Usual Residence of Decedent  10a. State 10b. County	10c. City, Town	n or Location	3-8-70	10d. Inside City Limits
	the Man 28e-f sh notified	Director	MD 10e. Street and Number	Ba	Himore 101. Zip Code	10g. Citizen of V	1 Yes 2 No What Country?
	sath with		905 Andou	12. Was Decedent Ever in U.S.	21218 13. Was Decedent of Hispanic Origin? (S	u	SA e - American Indian,
980	hours after death with the Maryland tural', or lisms 23a or 28e-f show al Exercinal must be notified at	by Funeral	11. Marital Status  1 Never Married 2 Married  3 Widowed 4 Divorced	Armed Forces?  1 Ses 2 No If Yes, Give Year or Dates:	If Yes, specify Cuban, Mexican, Puert		k, White, etc.
21215-0036	n "nai	Completed	15. Decedent's Ed (Specify only highest grad	de completed)	Decedent's Usual Occupation (Give kind of work done during most of work ties_DO NOT use retired)		siness/Industry
			Elementa ly/Secondary (0-12)	College (1-4or 5+)	Driver 18 Mother's Nar	me (First, Middle, Maiden Surnam	resportation
Maryland	Mental Merked o	To Be	James Uc	)UNG	Bess Mailing Address (Street and Number or Ru	ie Young	HAWKINS State Zip Code)
_	s 1 and 2 sho f Health and item 27 is m other traum		Margie You	wa 9	OS ANDOVER RO	ad, Batto M.	D 21118
Baltimore	Se to He		20a. Method of Disposition  Burial 2 ☐ Cremation 3 ☐  4 ☐ Donation 5 ☐ Other (Specify	Removal from State	Disposition (Name of x, crematory or other place)	Date 20c. Location - 5-06 Part +	City or Town, State
Balti	permit. Pag Department Important: any injury o		21. Signature of Funeral Service Licens	! Sui	2) The and Address of Facility  Lag S 2 Lag K	eve Trives	al Services
3	*		23a. Part1. Enter the disease, or comp shock, or heart failure. List only of Immediate Cause (Final	lications that caused the death. Do nine cause at each line.	nter the mode of dying size s care	r respiratory arrest	Approximate Interval Between Onset and Death
	Pnysician /Medical Examiner		disease or condition resulting in death)	a. Que to (or as a consequence of	COM 704110	t'a A la	WK
		ner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	Due to (or as a consequence of	- rea tout	115 PISCITES	WIC
oʻ	cate be executed physician and the burial-transit	Examine	Cause (Disease or injury that initiated events resulting in death) Last	Due to (or as a consequence of	METHSTATIC	CACCINOI	D YRS
68760	ficate be physicials to the bu	edical		d			
O. Box	that the death certificate be executed ed by the ettending physician and detached for use as the burial-transit	Physician/Med	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 ☐ Yes 2 ☐ No 9 ☐ Unknown	23c. If yes, outcome of pregnancy 1 □ Live birth 2 □ Fetal death 4 □ Pregnant at time of death 9 □ Unknown	3 Dectopic pregnancy 5 Other (specify)	23d. Dat Mor	e of delivery hth Day Year
rds, P	sign d be	by	Part II. Other significant conditions co	ntributing to death but not resulting in	the underlying cause given in Part I.	23e. Did tobacco use contr	ribute to the cause of death? 3 ☐ Probably 4 ☐ Unknown
Vital Record		Completed				autopsy performed?	Were autopsy findings available prior to completion of cause of leath?
Vita	sicien: certific rector,	Be	25. Was case referred to medical examiner?	Hospital:	Other	ath Check only one	
on of	ffe ing	lon: To	1 Yes 2 No  27. Manner of Death 1 Natural 5 Pending		ime of niury at Work?	dome 5 Aesidence 6 ☐ Othe 28d. Describe how injury occurr	
Division	Atten deat ctor: y the	Certification:	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. Place of Injury - At home, far building, etc. (Specify)		28f. Location (Street and Numb City or Town, State)	er or Rural Route Number,
_	To the Hospital or within 24 hours efter To the Funerel Diracompletely filled in b	edical Co	29a. Certifier (Check only one)  Certifying Phy 2 Medical Exam	/sician: To the best of my knowledge iner: On the basis of examination and apamanner stated.	, death occurred at the time, date and place d/or investigation, in my opinion, death occu	and due to the cause(s) and ma arred at the time, date and place, a	nner as stated. and due to the cause(s)
1	To the Within To the	Me	29b. Signature and tile of certifier	Reilles M	10 0547		Month, Day, Year)
6			30. Name and address of person who of	completed cause of dean (Item 23a) (	Type. Prihi) fruse Auc D.	-1 Freneric	22,2006 MD 21701
	Sta Registi		31. Date filed (Month, Day, Year)	32 egistrar's Signature	how	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,

State of Maryland / Department of Health and Mental Hygien 2006 Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month Year **Physician** 3:00A M Margues 09 2001 26 /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Center Baltimore Gilchrist DWSON If Under 1 Year | If Under 24 Hrs. | Months Days Hours Min. Birthplace (State or Foreign Country) 8. Date of Birth (Month, Day, Year) 5. Social Security Number 6. Sex 7. Age (In vrs. last birthday) **Funeral** 218.84.524 Months 1**X**M 2□F 31 Yrs. Director Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits r then "naturel", or iteme 23a or 28a-f ehow the Medical Exeminar must be notified at Baltimore MD 1 XYes 2 No Be Completed by Funeral Director 10e, Street and Number 10f. Zip Code 10g. Citizen of What Country? Avenue 21213 Pelhan USA filed within 72 hours efter deeth 12. Was Decedent Ever in U.S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or Notif Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11. Marital Status 1 ☐ Yes 2 📉 No If Yes, Give Year or Dates: 1 Never Married 2 Married Maryland 21215-0036 1 ☐ Yes 2 No Specify: Black Specify: 3 ☐ Widowed 4 ☐ Divorced 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Il Hygiene. College (1-4or 5+) Elementary/Secondary (0-12) Private NA Domestic es 1 and 2 should be filed vol Health and Mental Hygie of Health and Mental Hygie filem 27 le marked other to other traumatic event, the 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) E. Plummer Mary Buster Yana 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number Rural Route Number, City or Town, State, Zip Code) Baltimore MD 21213 Plummer - Pelham Avenue /Mother 764 Baltimore, 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State Pages 7 = 5 Greenmount Crematory Department of Important: If eny Injury or once. 09.29.Db 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 22. Name and Address of Jacility m01363 5151 Baitmore National Pike Baltimore MD 21229 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart lailure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final Physician Probable Cancer disease or condition resulting in death) w/ months /Medical Due to (or as a consequence of): Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury Examiner Due to (or as a consequence of): ng physicien and as the burial-transit The law requires that the death certificate be executed that initiated events resulting in death) Last Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Completed by Physician/Medical use as IF FEMALE: 23c. If yes, outcome of pregnancy
1 ☐ Live birth 2 ☐ Fetal death 23d. Date of delivery 23b. Was decedent pregnant atten for u 3 Ectopic pregnancy in the past 12 months? Month Year Day 4 Pregnant at time of death 5 Other (specify) signed by the a 1 ☐ Yes 2 ☐ No 9 Unknown 9 Unknown Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? いてられ 2 No cete has been sig , page 2 should b 3 ☐ Probably 4 ☐ Unknown 1 Yes 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy perform this certificate 2 No 1 ☐ Yes 2 ☐ No 1□ Yes : After this certification funeral director, Be 25. Was case referred to medical 26. Place of Death (Check only one) examiner? Hospital: Other: 4 Nursing Home 5 Residence 6 Dother (Specify) NOSPIC 1 🗀 Inpatient ٩ 1 ☐ Yes 2 No 2 ER/Outpatient 3 DOA 28c. Injury at Work? 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of Certification: 28d. Describe how injury occurred or Attending 1 Natural 5 Pending Injury To the Hospital or Attending within 24 hours after death.
To the Funerel Director: Afte completely filled in by the fun 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, larm, street, factory, office building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, State) 4 T Homicide Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a, Certifier Medical (Check only one) 29b. Signature and titte of certifier 29c. License number 29d. Date signed (Month, Day, Year) 26 20 0 5 8 30) Ceptember 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 6601 N. Charles St ASTUN Charles Barne 31. Date filed (Month, Day, Year) 32. gistrar's Signature State OCT 0 2 2006 Registrar

		l	1- State of Maryland / Department   Cert	rtment of Health and M <i>iificate of Death</i>	lental Hygier _{Reg. 1}	ZIIII	31105
	Physici		1. Decedent's Name (First, Middle, Last) William G. Bri	ggs	2 Date of Death Month Sept. 16	Day Year	3. Time of Death 2:45A M
	/Medic Examin Funeral	er	5. Social Security Number 6. Sex 7. Age (In yrs. last birthday)	4b. City, Town, or Location of Death  OXON Hill  If Under 1 Year If Under 24 Hrs.  Months Days Hours Min.	P Date of Birth	4c. County of Death	ce (State or Foreign
	Director		094-20-9469 15 NM 2□F 78 Yrs.  Usual Residence of Decedent		Nov. 7,1	927 New	York
	Marylan f show	or	10a. State   10b. County   10c. City, Town or Local   10a. State   10c. City, Town or Local   10a. State   10c. City, Town or Local   10a. State   10c. City, Town or Local   10a. State   10c. City, Town or Local   10c. City, Town or Local   10c. City, Town or Local   10c. City, Town or Local   10c. City, Town or Local   10c. City, Town or Local   10c. City, Town or Local   10c. City, Town or Local   10c. City, Town or Local   10c. City, Town or Local   10c. City, Town or Local   10c. City, Town or Local   10c. City, Town or Local   10c. City, Town or Local   10c. City, Town or Local   10c. City, Town or Local   10c. City, Town or Local   10c. City, Town or Local   10c. City, Town or Local   10c. City, Town or Local   10c. City, Town or Local   10c. City, Town or Local   10c. City, Town or Local   10c. City, Town or Local   10c. City, Town or Local   10c. City, Town or Local   10c. City, Town or Local   10c. City, Town or Local   10c. City, Town or Local   10c. City, Town or Local   10c. City, Town or Local   10c. City, Town or Local   10c. City, Town or Local   10c. City, Town or Local   10c. City, Town or Local   10c. City, Town or Local   10c. City, Town or Local   10c. City, Town or Local   10c. City, Town or Local   10c. City, Town or Local   10c. City, Town or Local   10c. City, Town or Local   10c. City, Town or Local   10c. City, Town or Local   10c. City, Town or Local   10c. City, Town or Local   10c. City, Town or Local   10c. City, Town or Local   10c. City, Town or Local   10c. City, Town or Local   10c. City, Town or Local   10c. City, Town or Local   10c. City, Town or Local   10c. City, Town or Local   10c. City, Town or Local   10c. City, Town or Local   10c. City, Town or Local   10c. City, Town or Local   10c. City, Town or Local   10c. City, Town or Local   10c. City, Town or Local   10c. City, Town or Local   10c. City, Town or Local   10c. City, Town or Local   10c. City, Town or Local   10c. City, Town or Local   10c. City, Town or Local   10c. City, Town or Local   10c. City, Town or Lo			100	d. Inside City Limits 1 ☐ Yes 2 🔀 No
	death with the Maryland me 23s or 28e-f show	Direct	10e. Street and Number 1115 Devonshire Dr.	10f. Zip Code 2074!	_	Citizen of What Country USA	y?
	er death	Funeral Director	11. Marital Status 12. Was Decedent Ever in U.S. 13. W Armed Forces?	as Decedent of Hispanic Origin? (Spr Yes, specify Cuban, Mexican, Puerto		14. Race - American Black, White, etc	
212-003b	hours after tural', or ite al Examina	by	1952	Yes 2 No Specify:		1	ite
-0121	within 72 ene. than "na	Completed	(Specify only highest grade completed) (Give k	ent's Usual Occupation ind of work done during most of work O NOT use retired) IET	ing R	Kind of Business/Indu ailroads, cansporta	,
yiand 2	be filed tal Hygi d other event, t	Be	17. Father's Name (First, Middle, Last)	18. Mother's Name	e (First, Middle, Maid		
L	should nd Men marke umatic	2	Elmer Briggs  19a. Informant's Name/Relationship (Type, Print)  19b. Mailing	Rita Address (Street and Number or Rura	Baker al Route Number, City	y or Town, State, Zip C	Code)
е, ма	l and 2 tealth a im 27 is			Devonshire Dr.		L11, Md. 20 Location - City or Town	
Baltimor	permit. Pages 1 and 2 should be Department of Health and Menta Important: If Item 27 is marked any Injury or other traumatic en		1 ◯XBurial 2 □ Cremation 3 □ Removal from State 4 □ Donation 5 □ Other (Specify)	rans Cem. 9/22	/06 Ch	eltenham,	Md.
g	permit Depar Impor any In			Name and Address of Facility Ge			
	Physician		23a. Part 1. Enter the disease or complications that caused the death. Do not enter shock, or heart failure. List only one cause on each line.			li li	Approximate nterval Between Onset and Death
	/Medical Examiner		Immediate Cause (Final disease or condition resulting in death)  a. Due to (or as a consequence of):	PENIC CAR	SCINON	VIF	
	be isit	liner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury				
ρΩ,	ficate be executed physicien and s the burial-transit	al Examin	that initiated events ' c. resulting in death) Last Due to (or as a consequence of):				
<b>68/60</b>	rtificate ng phys as the	Aedical	d.				
C. BOX	the death certific the attending p ched for use as	Physician/M		Ectopic pregnancy Other (specify)		23d. Date of delivery Month D	ay Year
ecords, P.	requires that the dei neen signed by the a hould be detached fi	Ď	Part II. Other significant conditions contributing to death but not resulting in the unc	derlying cause given in Part I.		o use contribute to the	
Υ	The law ete hes t page 2 s	Completed		1	24a. Was an autopsy performed 1 Yes 2 1	24b. Were autops prior to comp death?	sy findings available pletion of cause of
VITA	sician: Th certificate irector, pag	Be	25. Was case referred to medical examiner?  1  Yes 2 No	0	h (Check only one)	6 ☐Other (Specify)	
10 [	Attending Physician: r death. ector: After this certific by the funeral director,	on: To	27. Manner of Death 1 Natural 5 Pending (Month, Day Year) 28. Dime of (Month, Day Year)	28c. Injury at Work?	28d. Describe how in		
DIVISION	of or Attending Phy i after death. I Director: After this d in by the funeral of	Certification:	2 Accident investigation 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, stre building, etc. (Specify)	M 1 Yes 2 No et, factory, office	28f. Location (Street City or Town, St.	and Number or Rural F ate)	Route Number,
_1	Hoepite 4 hours Funera ety fille	edicai Ce	29a. Certifier (Check only one)  11 Certifying Physician: To the basis of examination and/or invariant on and manner stated.	oncurred at the time, date and plane estigation, in my opinion, death occurr	and due to the cause red at the time, date a	(e) and manner as stated	led he cause(s)
	To the within 2 To the complet	Me	29b. Signature and title of certifier	29c. License number D2402		Date signed (Month, Date 9/18/04	ay, Year)
2	(6)		30. Name and address of person who completed cause of death (Item 23a) (Type, F	Print) MOti L. Kou	(1)	P	
5.	Sta Registi		31. Date filed (Month, Day, Year) SEP 1 8 2006	U	0017	0	

DHMH 17 Rev 1/2001

			For State Registrar	State of Maryl	and / Dep. <i>Ce</i>	artment of F rtificate of	lealth and I Death	Mental Hy	giene 0 0	6 31106
\{e_	Physici	§	1. Decedent's Name (First, Middle, La	st)				2. Date of D Month	eath Day	3. Time of Death
1	Physici: /Medic		Carolyn K.					Septem	ber 8 2	006 1:45 P M
1	Examin	er	4a. Facility Name (If not institution, give				r Location of Deat	h	4c. County	
			6521 Livingsto		yrs. last birthday)		Kon Hill If Under 24 Hrs	8. Date of B		nce George's
	Funeral Director			☐M 2\\ F	63 Yrs.	Months Days	Hours Min.	(Month, D	ay, Year) 3, 1942	Birthplace (State or Foreign Country)  Wash DC
	ਹ		Usual Residence of Decedent	140				Dec.	J 1772	-
	ehov	'n	10a. State 10b. County	106.	. City, Town or Lo	ocation				10d. Inside City Limits 1 □ Yes 2 □ No
	the N	Director	Maryland Prince  10e. Street and Number	George's		10f. Zip Code	)xon Hill		10g. Citizen of W	
	3a or		6521 Livingston	PA #201		701. Zip 0000	20745	:		
	death	Funerai	11. Marital Status	12. Was Decedent Ever i	in U.S. 13.	Was Decedent of H If Yes, specify Cuba			0- 14. Race	ed States - American Indian,
9	be filed within 72 hours atter death with the Maryland tal Hyglene. Id other than "natural", or Items 23a or 28a-f ehow other than "natural", or Items about, the Medical Examine must be natified at	y Fu	1 Never Married 2 Married	1 Yes 2X No		1 Yes 2√2 No	Specify:	to Alcan, etc.)	Specify:	c, White, etc.
Maryland 21215-0036	hours tural',	ed by	3 Widowed 4 □ Divorced	Year or Dates:	16a Dooo	21				DIACK
5	n "na	Completed	15. Decedent's E (Specify only highest gr	ide completed)	(Give	dent's Usual Occup kind of work done DO NOT use retired	ation during most of wo d)	rking	16b. Kind of Bu	siness/industry
212	d with giene.	шо	Elementary/Secondary (0-12)	College (1-4or 5+) 2+		Tea	cher		Gov	ernment
2		Be C	17. Father's Name (First, Middle, Last					ne (First, Middle	, Maiden Sumame	
yla	should be nd Mental marked c	2	Clifton						Langfor	
Mar	12 sho h and 7 ie m		19a. Informant's Name/Relationship ( Barbara Secka/D			ng Address (Street				
	s 1 and 2 should ht Health and Men ltem 27 is marks other traumatic		20a. Method of Disposition		b. Place of Dispo	College of Osition (Name of		Date R		, MD 20850 City or Town, State
Ē			1 Buriaf 2 Cremation 3 4 Donation 5 Other (Special	Removal from State		matory or other place. vet Cemet	1	4/2006		ington, DC
altimore,	permit. Page Department of important: If eny injury or once.		21. Signature of Funeral Service Lice			2. Name and Addre			Funeral	
m	90.1.9		Lohw I.	Trocust.	III	4001 E	Benning R		Wash.,	
			23a. Part1. Enter the disease, or com shock, or heart failure. List only	plications that caused the one cause on each line.	leath. Do not en	ter the mode of dyin	g, such as cardia	or respiratory	arrest,	Approximate Interval Between
	Physician		Immediate Cabse (Final disease or condition resulting in death)	a Corona	ry Arter	y Disease	2			Onset and Death
	/Medical Examiner		Toolsting an abatily	Due to (or as a con						
	A BOAR	er	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	b. Esopha;	geal Can sequence of):	cer				
	cuted nd ransit	Examiner	that initiated events	c. Aortic	Aneurys	m				
Ď.	e exe		resulting in death) Last	Due to (or as a con	sequence of):					
98/60	ficate be executed physician and s the burial-transit	edical	•	d						
_	certifi ding I		IF FEMALE:	23c. If yes, outcome of pre	egnancy				22d Date	of delivery
Box	that the death certified by the attending detached for use a	Physician/M	23b. Was decedent pregnant in the past 12 months?	1 ☐ Live birth 2 ☐ F 4 ☐ Pregnant at time	etal death 3	Ectopic pregnancy Other (specify)			Mon Mon	,
J.	t the by the tacher	hys	9 Unknown	9□ Unknown						
	law requires that the as been signed by th 2 should be detache	by P	Part fl. Other significant conditions	contributing to death but not	resulting in the u	nderlying cause give	en in Part I.			bute to the cause of death?
Vital Records,	w requires t been signe should be							1 (2)	Yes 2 □ No	3 Probably 4 Unknown
ပ္ ပ	has b	Completed						24a. Wa:	s an 24b. W	fere autopsy findings available nor to completion of cause of eath?
<u>e</u>	n: The cate ha							pen 1 ☐ Yes	ormed? de	eatn? ☐ Yes 2 ☐ No
	Physician: The law this certificate has ral director, page 2 s	o Be	25. Was case referred to medical examiner?  1 Yes No	Hospital:	2 🗌 ER/Outpatier	the action of Other	26. Place of Dea			(2)
ō		n: To	27. Manner of Death	28a. Date of Injury (Month, Day Yea	28b. Time o	IL SEL DOA	4   Nursing F		idence 6 Othe	
0	Attending Ir death.	atio	1 Avatural 5 Pending investigation	1	r) Injury		k? Yes 2 ∏No			
Division	al or Attence atter death 1 Director: d in by the	Certification:	3 Suicide 6 Could not be determined	28e. Pface of friery - A building, etc. (Sp	At home, farm, str ecify)	reet, factory, office		28f. Location City or To	(Street and Number wn, State)	r or Rural Route Number,
_	Hospital or Al 4 hours atter of Funeral Directely tilled in by		29a, Certifier 1/2 Certifying Ph							
	H T T T T T T T T T T T T T T T T T T T	edical	(Check only 2 Medical Examone)	piner: On the best of my and manner stated.	nination and/or in	h occurred at the tin vestigation, in my o	ne, date and place pinion, death occu	red at the time	cause(s) and mar date and place, a	nner as stated. nd due to the cause(s)
	To the vithin 2 To the complet	Me	29b. Signature and Affe of certifier.	11		29c. License	e number		29d. Date signed	(Month, Day, Year)
			>7/Pcm/v7	skins, mo		D4	3162		Septemb	per 14, 2006
2	(4)		30. Name and address of person who Melvin W. G.	completed cause of death (		Print) elle Poin	t Dr C	roopho1		
			31. Date filed (Month, Day, Year)	2. Registrar's Si			- DI., G	reember	2U 2U	0770
31	Sta	te								

Please Type or Print in Black Indelible Ink State of Maryland / Department of Health and Mental Hygiene

		1- For State Registrar	Certificate of Death						Reg No. 2006 3110					
Physicia		1. Decedent's Name (First, Middle,Last)							2.	Date of Dea	ath Day	Yea		3 Time of Death
ledical Exami	ner	Octavius Boddie III Septe								Septemb	mber 10, 2006 0238 hrs			
		4a. Facility Name (if not institution			4b. City, Town, or Location of Death						4c County of Death			
			195 South bound at 450 Lanham Prince George's  Acial Security Number 6. Sex 7. Age (In yrs. last birthday) If Under 1 Year If Under 24Hrs 8. Date of Birth(MM/DD/YYYY) 9. Birthplace (											
Funeral Director		5. Social Security Number 218-13-9686	6. Sex	7. Age (In yrs 1:	ast birtho	Yrs.	If Under 1 Ye Months Day	~-		02/19			Foreian'	Washington  Washington  Otry  DC
		Usual Residence of Decedent						_1					L	
any		10a. State 10b. County		10c. City,	Town or	Location	n					-		10d Inside City Limits
vlary land 28a-f show 1 at once.	'n	MD Prince	e George's	Tem	np1e	Hil:	ls							1 X Yes 2 No
faryla 28a-f	Director	10e. Street and Number					10f. Zip Code				10g Citize	en of Wh	at Counti	у?
th the Maryland 23a or 28a-f sho		2947 Brinkle	y Rd				2074	8		-	Unit	ed S	tate	S
n with ms 23 be no	Funeral	11. Marital Status	A	edent Ever in U	S. 1		Decedent of H				0- 1	4 Race White		an Indian, Black,
or ite	-E		1 Yes	2 X No					, i deito Mi	carr, etc./				
s after ral".	by		orced If Yes, Give Yea or Dates.				res 2 X No						Blac	
2 hours afte "natural". Examiner	ted	<ol> <li>Decedent's Education (Spe Elementary/Secondary (0-12)</li> </ol>	College (1				S Usual Occupa st of working life				16b. Kii	nd of Bus	iness/Ind	dustry
5-0036 led within 72 Tygiene. other than '	ompleted	12	Conege (	-4 01 0+)	Adı	mins	trative	e Assi	istan	t	Pri	vate		
d with	Con	17 Father's Name (First, Middle	Last)							irst, Middle,				
21215-0036 Ald be filed within 7 Mental Hygiene. marked other than	Be (	Octavius Boddi	e Jr.							e Verd			omps	O.D.
21.2 build b Men mar	ToE	19a. Informant's Name/Relations	hip (Type, Print )		19b.	Mailing A	Address (Stre						State, 2	Zip Code)
MD nd 2 sho alth and m 27 is anmati		Catherine V. T	hompson		72	12 G	St Car	oitol	Heig!	hts Ma	ry1a	nd 2	0743	11
Baltimore, MD 21215-0036  Depenit Pages I and 2 should be filed within 72 hours after death with the Maryland Department of Health and Montal Hygiener Important: of items 23 or 28a-f she important: If item 27 is marked other than "natural", or items 23a or 28a-f she injury or other tranmatic event, the Medical Examiner must be notified at once		20a. Method of Disposition  1   Burial 2 Cremation	n 3 Removal fr	l l	Place of I		on (Name of ce	emetery.	[	Date	20c. Lo	cation -	City or To	own, State
Baltimore, permit Pages Lar Department of Hea Important: If ite		4 Donation 5 Other S		OIII OIGIC			on Ceme	tery	9-18	3-2006	Cli	nton	MD	
Baltil permit Departm Importa		2 Suprature of Funeral Service	Licens				me and Addres							
0 F 2 E E		Sloue 71	1 War			261	7 Penn	Ave S	E Was	shingt	on D	C 20	020	
Physician		23a. Part I. Enter the disease, or failure. List only one cause		aused the death.	. Do not e	enter the	mode of dying	, such as ca	ardiac or re	espiratory ar	rest, shoc	k, or hea	rt	Approximate Interval Between Onset and
/Medical xaminer		Immediate Cause (Final disease	8 A . 14 to 1 = 1 = 1	uries									- 1	Death
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		or condition resulting in death)	Due to (or as a	consequence o	f):									
	'n	Sequentially list conditions, if any, leading to immediate	b. Due to (or as a	consequence of	f)·								-	
	i i	cause Enter Underlying Cause	c	00/100400/100/0	17.	- 20								
bi isit	Examiner	events resulting in death) Last	Due to (or as a	consequence of	f)									
evecuted an and al - transi		UNPENDED	AMENDED										$\dashv$	
760, icate be eve physician the burial -	n/Medical	IF FEMALE:									1001	D		
8760, tiffcate bing physic	N/L	23b Was decedent pregnant in the		outcome of pregi irth		Feta	I death 3	Ectopic	pregnanc	у		Date of of onth	ielivery Da	y Year
OX 6: eath cert	sicia	past 12 months?		ant at time of de	eath 5	Othe	er (Specify)							
m 2 # 2	Phys	1 Yes 2 No 9 Unl	9 OHKIR											
P.O.	by P	Part II. Other significant condit	ions contributing to	death but not re	esulting (	n the un	derlying cause	given in Par	rt I.					e cause of death?
S, P.(										-		_		oly 4 Unknown
cords, law requir has been s	plet									24a Was auto	psy	pr	ior to cor	psy findings available mpletion of cause of
Rec The la	Completed										rmed?		eath? ✓ Yes	2 No
tal Recian: The certificate ector, page	au l	25 Was case referred to medica					26 Plac	e of Death (	Check onl	y one)				L- 1
of Vital Records, g Physician: The law require ifter this certificate has been si neral director, page 2 should b	To B	examiner? 1 <b>✓</b> Yes 2 No	Hospital 1	npatient 2	ER/Outp	atient	3 DOA	Other ₄	Nursing H	Home 5	Residen	ce 6 🗸	Other. S	Scene
<b>~</b> ≛ . < 2		27 Manner of Death  1 Natural 5 Page	28a Date FOUND	of Injury Day, Year)	28b Tir FOUN	ne of 'njo ກ·	·   i	ry at Work	lDr	d Describe iver auto	how injury	occurre	d allision	
Sior Affend death ctor: y the	atic	rend	stigation Sep 10,	2006	0240 h	nrs		Yes 2	NO				111	
Division Blor Attendi rs after death. al Director: //	Certification:		d not be	e of Injury - At he			factory, office	building, etc		If. Location ( or Town, \$	Street and State)	d Numbe	r or Rura	Route Number, City
Spita hours reral	Cer	4 Homicide		Interstate/E	_									450, Lanham,
Division of Vital F To the Hospital or Attending Physiciau: within 24 hours after death. To the Funeral Director: After this certific completely filled in by the funeral director.	ical	(Check only	nysician: To the bes miner:On the basis											
To t with To t	Medical	29b. Signature and title of certific	and manner s	tated			29c. Licen							n, Day, Year)
2,541	_	( /21 4 DO	0/00 01	7 01				M.E.			Ι.		10, 20	
1/2		30 Name and address of person	who completed com	e of death (Itam	2301						-5000			 ***********************************
CALE	05		sistant Medical	`		enn St	reet, Baltim	ore, MD	21201					
S	ate	31 Date filed (Month, Day, Year)	32. Re	gistrar's Signatu		**************************************	-		_					
Regis		SEP 1 5 20	06 State	w K	190	14/2								

			1 - For State Registrar	State of Marylar	nd / Depa <i>Cel</i>	artment of H rtificate of L	ealth and M Death	lental Hygie Reg.		31108	
	Physici		Decedent's Name (First, Middle, La     Anna Lee	Bell				2. Date of Death	Day Year	3. Time of Death 6 6:30 P M	
3	/Medie Examir										
	LAdimi	ici	Bedford Court Skilled Nursing Ctr. Silver Spri						Montgomery		
	Funeral Director		,	Sex 7. Age (In yrs. 1 ☐ M 2% F 86	last birthday) Yrs.	If Under 1 Year Months Days	If Under 24 Hrs. Hours Min.	8. Date of Birth (Month, Day, Ye April 21,	ear) C	thplace (State or Foreign ountry) aryland	
	pu .		Usual Residence of Decedent  10a, State 10b, County	10c Ci	ty, Town or Lo	neation				10d. Inside City Limits	
	Marylis f sho	ō		gomery	-	ver Spring	9			1 Yes 2X No	
	r 28a-	rect	10e. Street and Number			10f. Zip Code		10g.	. Citizen of What C	ountry?	
	h with	ai D	3700 Internatio	nal Drive, #11	4		20906	τ	JSA		
36	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: if Item 27 is marked other than "natural", or Items 23e or 28e-f show entry intry or other traumatic event, the Madical Examinar must be notified at ODGE.	by Funeral Director	11. Marital Status  1 ☐ Never Married 2 ☐ Married  2 ☐ Widowed 4 ☐ Divorced	12. Was Decedent Ever in U Armed Forces? 1 ☐ Yes 247No If Yes, Give Year or Dates:		Was Decedent of His If Yes, specify Cubar 1 ☐ Yes 🎎 No	spanic Origin? (Spin, Mexican, Puerto Specify:	ecify Yes or No- Rican, etc.)	14. Race - Am Black, Whi SpecifyWhi	te, etc.	
21215-0036	hin 72 hou e. en "nature Medicel E	Completed I	15. Decedent's E (Specify only highest gr Elementary/Secondary (0-12)	ducation	(Give	dent's Usual Occupa kind of work done d DO NOT use retired)	uring most of work	ing 16t	b. Kind of Business	Andustry	
7	ygien /gien /gien /gien /gien	Con	12			Office I	Manager	AA	A/Travel	Counselor	
ğ	tal Hydoth	Be	17. Father's Name (First, Middle, Las.					e (First, Middle, Mai			
ž	houid d Mer marke maric	၉	Henry Spiker Jo  19a. Informant's Name/Relationship		10h Mailie	ng Address (Street a		a May War		7:- C- 4-1	
, Maryland	and 2 s alth an 127 is i		Beverly A. Dura			Ridge Cha					
Baltimore,	nt: if iten		20a. Method of Disposition  1 ☐ Burial 2 ☐ Cremation 3 ☐  4 ☐ Donation 5 ☐ Other (Speci	Removal from State	cemetery, crer	osition (Name of matory or other place itan Crema			c. Location - City or Lexandria	Town, State , Virginia	
Balti	permit. Departmimporta eny inju		21. Signature of Funeral Service Lice	nsee	F3	raneig Adres 00 Univers	setarins sity Blvd	Funeral H	Home Inc.	g, MD 20901	
	Physician /Medical Examiner		23a. Part1. Enter the disease, or con shock, or heart failure. List only Immediate Cause (Final disease or condition resulting in death)	a Myocardial In Due to (or as a consequence)	nfarct:		3, such as cardiac (	or respiratory arrest,		Approximate Interval Between Onset and Death Minutes	
oʻ	ficate be executed if physician and is the burial-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	b. Type II Diable Due to (or as a consequence)  Due to (or as a consequence)	uence of).					Many Years	
58760,	ficate be physici s the bu	edicai		d							
P.O. Box	that the death certific ed by the attending F detached for use as	Physician/Me	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 ☐ Yes 2 ☐ No 9 ☐ Unknown	23c. If yes, outcome of pregna 1 ☐ Live birth 2 ☐ Feta 4 ☐ Pregnant at time of d 9 ☐ Unknown	ldeath 3□	Ectopic pregnancy Other (specify)			23d. Date of de Month	livery Day Year	
	w requires that been signed I should be det	þ	Part II. Other significant conditions Hypertension, De				n in Part I.		co use contribute to	o the cause of death? robably 4 ^X □Unknown	
Heco	Physician: The law requires that the this certificate has been signed by the this certificate has been signed by the detacher page 2 should be detached.	Completed			24a. Was an autopsy performed	autopsy prior to completion of cause of performed? death?					
Ē	ysician: is certific director,	Be (	25. Was case referred to medical examiner?	(1)it-b				Check only one			
0	Physi this o	2	1 ☐ Yes 2 🛣 No	Hospital: 1   Inpatient 2			4-C-Mursing Ho	me 5 Residence		cify)	
Division of Vital Records,	ding h. After fune	Certification:	27. Manner of Death 1 Structural 5 Pending 2 Accident investigation 3 Suicide 6 Could not be							(C W	
2	- 9		4 Homicide determined	building, etc. (Specif	ý) 	,		28f. Location (Stree City or Town, S	itate)		
	To the Hospital or Attenwithin 24 hours after deat To the Funeral Director: completely filled in by the	<b>l</b> edical	(Check only 2 Medical Exa	nysician: To the best of my kno minar: On the basis of examina and manner stated.	wledge, death ition and/or in	vestigation, in my op	inion, death occurr	ed at the time, date	and place, and due	to the cause(s)	
	5 Tempo	Σ	29b. Signature and title of certifier	<=	Dw.	29c. License			Date signed (Monte eptember		
	Y		30. Name and address of person who Charlene Ozanne-	completed cause of death (Iten Blankfard, M.D	n 23a) (Type. 33(	Print) N. Leis	sure Worl	d Blvd, S	Silver Sp	ring, MD 2090	
	Sta Registr		31. Date filed (Month, Day, Year) SEP 13	32. Registrar's Signa	ture	arts					

		1	For State Registrar		State	of Ma	ryland		artmen rtificate					Reg. No.	1 0 0	16	311	09
		an										L	2. Date of De Month ept.	Day		Year 006	3. Time of 5:00	Death a M
1		ωı -				umber)			4b. City,	Town, or	Location o	of Death		4c.	County of	f Death		
									Cheve		If Under	24 Ure	2 D-1(D)	P.		O. District	(Cto to	- Comina
			577-74-3701	1[		7. Age 51	(In yrs. la	st birthday) Yrs.	If Under Months	Days	Hours	Min	8. Date of Bi (Month, D May 20	ay, Year)		Count DC	ace (State o	or Foreign
and	*	- H					10c. City,	Town or Lo	ocation							10	od. Inside C	ity Limits
Maryl	Physician / Medical Examiner  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral State  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Funeral Director  Fun	s	0xon	Hill									TAY'es	2 🗌 No				
th the	a not	lrec	10e. Street and Number						10f. Zip	Code				10g. Citi	zen of Wi	hat Coun	try?	
ath w	23a ust b	la l	1135 South V	iew D					207					U.S.	A. 14. Race	A	an Indian	
<b>036</b> urs after dea	al', or items Examiner m	þ	1 Never Married 2		Armed 1 D Yes If Yes, 0	Forces? 2 <b>1</b> N Sive		-	Was Deced If Yes, spec	_	ispanic Ori in, Mexicar Specify:		cify Yes or N Rican, etc.)	0-		, White, e	etc.	
21215-0036 od within 72 hours aflegene.	Modisal	npleted	(Specify only Elementary/Secondary (	highest grad	de complete		+)	(Give life.	dent's Usua kind of wo DO NOT us erk-Ty	rk done ( se retired	during mos f)	t of workir	ng		nd of Bus		nment	
121	- H			Aiddle I ast)					JIN IJ	7 7 7 3		er's Name	(First, Middle					
Maryland of 2 should be file th and Mental Hy	arked of	To Be	Steven Y. I	rown :							Beat	rice	L. Kit	:t			0.43	
Mar 12 sh h and	T le m												/ Route Numi				Code)	
Baltimore, I	or other		20a. Method of Disposition				Ce	ace of Disp metery, cre	osition (Nar matory or c	ne of ther plac	e)	D	Clint	20c. Lo	cation - 0	City or To	wn, State	
tment			4 □Donation 5 □ O	ther (Specify	")		Wasł	ningto				9-20-		Suit			NTT.T	
Ball permit Deper	any in		21. Signature of Funeral S			ws			2. Name ar Latney			-	Mas Was	L Geo sh, D	c ^g 20	olle	• NW	
760, tie be executed WE	ledical aminer	ca	Immediate Cause (Final disease or condition resulting in death)  Sequentially list condition if any, leading to immedia cause. Enter Underlying Cause (Disease or injury that initiated events	(	b. ADV	AL O (or as a O (or as a O N/C	a conseque	PDIAC ence of): META ence of): ENAL	. AK STATI GL	RHY C	THMI LEFT	14	PEXST		ICER	,	Interval Be Onset and	
.O. Box 68 the death certifica	the ettending pl ched for use es t	ysician/Med	23b. Was decedent pregr in the past 12 month 1 ☐ Yes 2 🗷 No	ant s?	1⊡Liv 4⊡Pre	e birth gnant at	2 Fetal	death 3	□Ectopic p □ Other (sp		<u>'</u>				23d. Date Mon		ery Day	Year
ds, P.	signed by	d by Ph	Part II. Other significant of	conditions c	ontributing to	death b	ut not resu	Ilting in the	underlying o	ause giv	ren in Part	l.		tobacco		bute to th	ne cause of ably 4 🗷	death? Unknown
Rec he law	ete hes page 2	Complete												opsy formed?	d	rior to coi eath?	psy findings mpletion of 2 No	s available cause of
Vita	ector	Be	examiner?		Hospital:	w.				Ott	205		Check only		0 001	(0 1		
on of	After th funerel	lon: To	27. Manner of Death	Pending	28a. Da (M	Inpatie te of Inju onth, Day		ER/Outpatie 28b. Time Injury		28c. Injui Wo	4 L. N		me 5 Re 28d. Describe				<u>y)</u>	
Division of Vital	Director: d in by the	ertifica	3 ☐ Suicide 6 ☐	Could not b	e 28e. Pla	ice of Injuding, et	ury - At ho c. (Specify	me, farm, s	treet, factor	y, office			28f. Location City or T	(Street ar own, State		er or Rura	d Route Nu	mber,
P Hospite	Funera Funera etely fille	dical (	(Check only 2 1	Certifying Ph ledical Exar	miner: On th	basis of	examinat	wledge, dea tion and/or i	th occurred nvestigation	at the ti	me, date a opinion, de	nd place, ath occurr	and due to the	e cause(s e, date an	) and mai d place, a	nner as s and due to	tated. the cause	(s)
To the	Toth	Me	29b. Signature and title o	certifier	, 5			1	29		se number	, ,/			-		Day, Year)	
1			1 An	-(	JX	Je-	/	M		Do	2304	14			9-1	3-6	2006	
う			30. Name and address of SAID	person who	completed c		eath (Item	HOSPI	Frint)	DR		C	HEVER	ζΥ, Λ	17	20	785	
	St Regist	ate rar	31. Date filed (Month, Da	P 18	200\$	. Redistr	ar's Signa	ture /	Spark	0				,				

			1- State of Maryland / State of Maryland / Registrar	Department of F	lealth and Me <i>Death</i>	ental Hygier Reg. I	2006	31110
ı	Physici	an	1. Decedent's Name (First, Middle, Last)  Dorothy C. Bragg		i c	2. Date of Death Month eptember	Day Year	3. Time of Death
	/Medic Examin		4a. Facility Name (If not institution, give street and number)	4b. City, Town, o	or Location of Death		4c. County of Death	10:50 AM
			Anne Arundel Medical Center	Annapol	lis		Anne Arun	del
	Funeral Director		5. Social Security Number  6. Sex  1 M 2 F 7. Age (In yrs. last  577-12-0400  Usual Residence of Decedent	yrs. If Under 1 Year Months Days	If Under 24 Hrs. 8 Hours Min.	B. Date of Birth (Month, Day, Yea eb.6,191	9. Birth Cou 5 II11i	place (State or Foreign ntry) NOIS
	Maryland a-f show	tor		own or Location Olis				10d. Inside City Limits 1 ☐ Yes 2 🛣 No
	th with the 23e or 28 ust be not	ai Director	10e. Street and Number 2332 Arundel on the Bay Dr., Bldg	.A 10f. Zip Code 214	01	10g. (	Citizen of What Cou USA	ntry?
036	permit. Pages 1 and 2 should be filled within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: If item 27 is marked other then "naturel; or Items 23e or 28e-f show eny injury or other traumatic event, If a Medical Evertirer must be notified at once.	by Funerai	11. Marital Status  1 Never Married 2 Married  3 Was Decedent Ever in U.S. Armed Forces?  1 Yes 2 XNo If Yes, Give Year or Dates:	13. Was Decedent of H If Yes, specify Cuba 1 ☐ Yes 2 ☑ No	dispanic Origin? (Spec an, Mexican, Puerto Ri Specify:	ity Yes or No- ican, etc.)	14. Race - Amen Black, White, Specify: Whi	etc.
5-0	"natur	ieted	15. Decedent's Education (Specify only highest grade completed)	6a. Decedent's Usual Occup (Give kind of work done	durina most of working	16b.	Kind of Business/In	dustry
21215-0036	y withir jiene.	Completed	Elementary/Secondary (0-12) College (1-4or 5+)	Secretary	d)	Fe	ederal Go	vernment
and	ld be filed ental Hyg ked othe ic event,	To Be C	17. Father's Name (First, Middle, Last)  Clifford Henry Best		18. Mother's Name (			
, Maryland	ind 2 shou alth and M 27 is mar ar traumati	-	19a. Informant's Name/Relationship (Type, Print)  William A. Bragg — Son	9b. Mailing Address (Street 11499 Chews B	and Number or Rural Ranch Rd.,	Route Number, City	y or Town, State, Zij	o Code)
Baltimore,	Pages 1 annent of He ant: If item ury or othe		1 Rurial 2 XCremation 3 Removal from State come	o of Disposition (Name of otery, crematory or other place S Crematory	Da 9/14/2		Location - City or To gewater, I	
l Balt	permit. Departimport. eny inj		21. Signatur of Funeral Service Licenson	George P. 2973 Solom	Kafas Fune ons Island	ral Home Rd., Edg	, P.A. gewater, N	4D 21037
į,	iv.		23a. Part. Enter the disease, or complications that caused the death. D shock, or heart failure. List only one cause on each line.  Immediate Cause (Final	o not enter the mode of dyin	ng, such as cardiac or	respiratory arrest,		Approximate Interval Between Onset and Death
	Pnysician /Medical		disease or condition resulting in death)  a	ce of):				
	Examiner	-	Sequentially list conditions, if any, leading to immediate  b. Due to (or as a consequence)	InfAnh	in			-
	cuted Id ransit	amine	Sequentially list conditions, if any, leading to immediate above. Entire of John ing Cause (Disease or injury that initiated events	vascula	in disc	are		
68760,	iticate be executed g physician and as the burial-transit	edical Examiner	resulting in death) Last  Due to (or as a consequence	e of):				
			IFFEMALE:					
.O. Box	The law requires that the death cert te has been signed by the attendin rage 2 should be detached for use.	Physician/M	23b. Was decedent pregnant in the past 12 months?  1 Yes 2 No 9 Unknown  23c. If yes, outcome of pregnancy 1 Live birth 2 Fetal dea 4 Pregnant at time of death 9 Unknown				23d. Date of delive Month	ery Day Year
rds, P	w requires that the der been signed by the a should be detached t	by	Part II. Other significant conditions contributing to death but not resulting	) in the underlying cause give	en in Part I.	23e. Did tobacco	use contribute to the	_
I Records,		Completed				24a. Was an autopsy performed?	prior to co	psy findings available mpletion of cause of
Vital	ysicien: The lis certiticate he director, page	Be	25. Was case referred to medical examiner?	Other	26. Place of Death (	Check only one)		
ō	g Phys er this eral di	n: To	27. Manner of Death 28a. Date of Injury 28b	o. Time of 28c. Injury	4   Nursing Home	5 Residence d. Describe how inj	6 Other (Specifically occurred	γ)
Sior	or Attending Phatter death. Director: After thin by the funeral	catlo	Natural 5 ☐ Pending (Month, Day Year) 2 ☐ Accident investigation		K? Yes 2 □No			
Division of	itel or Attendins after death	Certification:	3 Suicide 6 Could not be determined 28e. Place of Injury - At home, building, etc. (Specify)	farm, street, factory, office	28	f. Location (Street a City or Town, Sta	and Number or Rura te)	l Route Number,
	To the Hospitel or Attending Physicien: within 24 hours after death.  To the Funerel Director: After this certilics completely filled in by the funeral director,	Medical	29a. Certifier (Check only one)  2 Medical Examiner: On the basis of examination and manner stated.	and/or investigation, in my op	pinion, death occurred	at the time, date a	nd place, and due to	the cause(s)
	vith To	2	29b. Signature and title of certifier	29c. License		29d. D	ate signed (Month,	Day, Year)
6			30. Name and address of person who completed cause of death (Item 23a		Parleum	anna	1:	
	Sta Registra		31. Date filed (MST Pay 1°5) 2006 Registrar's Sign are	fink	9	Y		

			1 - For State Registrar	State of Marylar		rtment of H			giene 0	06	31111
	Physici	0.00	1. Decedent's Name (First, Middle, Last)			,		2. Date of De		Year	3. Time of Death
	/Medic		DARNEL		ROWA			SOPTOME	er 12	2006	0630A
	Examir	er	4a. Facility Name (If not institution, give s  ANNE ARUNDEL		ensek	4b. City, Town, or	Location of D	eath	4c. Count	y of Death	RUNDEL
	Funeral		5. Social Security Number 6. Sex	7. Age (In yrs.	last birthday)	If Under 1 Year Months Days	If Under 24 H	Hrs. 8. Date of Bir Min. (Month, Da	th v Year)	9. Birthpl	lace (State or Foreign
	Director		217-72-6669	]M 2□F	46 Yrs.	Moritalo Bayo	710010	Apr 5	1960		yland
	land ow		Usual Residence of Decedent  10a. Slate  10b. County	10c. C	ity, Town or Loc	alion				1/	0d. Inside City Limits
	Mary Ff sh	to	Maryland Anne Ar	undel B	cookly:	n					1 ☐ Yes 2 ☑ No
	or 28g	Directo	10e. Sireet and Number			10f. Zip Code			10g. Citizen of	What Coun	itry?
	23a	rai	933 Victory Ave			2122	5		USA		
	er de	Funeral		<ol><li>Was Decedent Ever in L Armed Forces?</li></ol>	J.S. 13. V	as Decedent of Hi Yes, specify Cuba	ispanic Origin? ın, Mexican, Pı	? (Specify Yes or No uerto Rican, etc.)	)- 14. Ra Bla	ce - America ck, While, e	
38	d within 72 hours after death with the Maryland jiene. Ir than "natural", or Items 23a or 28a-f show the Masical Exarcical retriet by notified at	by F	1 ☑ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	1 ☐ Yes 2 MÃ No If Yes, Give Year or Dates:	1	☐Yes 2X No	Specify:		Specia	√y: B1a	ack
2-0036	72 hou	ted	15. Decedeni's Educ	cation	16a. Deced	ent's Usual Occupa	ation		16b. Kind of E	Jusiness/Ind	dustry
2	ithin 7	Completed	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4or 5+)	life. D	and of work done of ONOT use retired	during most or	working			
2	Hygier other th		10th	0	C	onstruc					cprise Co.
anc	0 0 0	Be C	17. Father's Name (First, Middle, Last)  Ernest Brown Sr					Name (First, Middle		ne)	
Maryland	2 should and Men is marks aumatic	<b>1</b>	19a. Informant's Name/Relationship (Type		19b. Mailine	Address (Street a		Jackson		State Zin	Code)
	2 6 2 2		Regina Anderson	(Friend)				Brooklyn			
or G	of He		20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☐ R	20b. I	Place of Dispos	ition (Name of	<b>9</b> )	Date	20c. Location		
altimore,	Pages ment of tant: If it lury or o		4 Donation 5 Other (Specify)		moria	l Park	9-	19-06	nnapo:	lis,	Md.
<u> </u>	permit. Page Department Important: If any injury or poce.		21. Signature of Funeral Service License	0	₩r	Name and Address	s of Eacility So	ns Morti	uary,	P.A.	
	40144		23a. Part1. Enter the disease, or complic	cations that caused the deal	<i>2</i> 82	21 West	St. A	nnapolis	. bM .	2140	1 Approximate
	Dharistan		shock, or heart failure. List only on Immediate Cause (Final	e cause on each line.					11651,		Interval Between Onset and Death
	Physician /Medical		disease or condition resulting in death)	Due to (or as a consec	y OCAI'	WAL IN	VFARC	TICA		S	, itcurs
	Examiner		Cognostially list and ditions h	4 6	Rten	5/6h)				1	ZOYEARS
	יי ש	iner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	Due to (or as a consec							, - , -
	ecute and I-trans	Examiner	cause (Disease or injury that initiated events cresulting in death) Last	Due to (or as a consec	uppos of):						
8/60,	icate be executed physician and s the burial-transit				derice or).						
200	ifficate g physi as the t	edicai	- 0								
ŏ	th certifi ending r r use as	an/M	23b. Was decedent pregnant	3c. If yes, outcome of pregna 1 ☐ Live birth 2 ☐ Feta		Ectopic pregnancy			23d. Da	ite of deliver	ry
	w requires that the death certific been signed by the attending p should be detached for use as	Physician/Me	in the past 12 months? 1 □ Yes 2 □ No 9 □ Unknown	4☐Pregnant at time of o		Other (specify)			Mo	onth [	Day Year
Ž.	requires that the een signed by th hould be detache	Ph	Part II. Other significant conditions con	tributing to death but not res	sulting in the un-	deriving cause give	en in Part I	23e Did to	obacco use con	Iribule to the	cause of death?
as,	uires o sign	d by		BOTES ME	_		armir dici.		res 2□No	3-Proba	
ecords	law req as beer 2 shou	ompleted	ENDSTAGE I	EDWAL DI	SPAS	0		24a. Was	an 24b.	Were auton	nsy findings available
r	The law ate has l	E O		- 10-10				<ul> <li>autop</li> <li>perfo</li> </ul>	rmed2 2 No	prior to com death? 1 ☐ Yes 2	osy findings available inpletion of cause of
		Be C	25. Was case referred to medical examiner?				26. Place of D	Death (Check only o		10165	20 140
<u> </u>	Physician: this certific ral director,	၉	1 ☐ Yes 2 ☐ No H	-	ER/Outpatient		4 14012111	g Home 5□ Resid	dence 6 🗆 Oth	ner (Specify)	)
	ding F	ion:	27. Manna of Death  1 ☑Natural 5 ☐ Pending	28a. Date of Injury (Month, Day Year)	28b. Time of Injury	28c. Injury Work		28d. Describe h	now injury occur	red	
UNISION	Attending in death.	ficat	2 Accident investigation 3 Suicide 6 Could not be determined	28e. Place of Injury - At he	ome, farm, stre		/es 2□No	28f. Location (5	Street and Numb	ner or Rural	Route Number
5	al or s after al Dire	Certification:	4  Homicide Getermined	building, elc. (Specif	(y)			City or Tov	vn, State)	or or riard	riodio ridinosi,
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	edical (	(Crisck Orly 2 Medical Examin	ician: To the best of my knower: On the basis of examina	wledge, death	occurred at the time	e, date and pla	ace, and due to the	cause(s) and ma	anner as sta	ited.
	the thin 2, the find 2, the find 2, the find 2, the find 2, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the find 3, the fi	Med	29b. Signature and title of centiler	and manner stated.		29c. License					
	F 3 F 8	-	1//m//	A fun	CM C				29d. Date signe		
		ļ	30. Name and againess of person who con	ppleted cause of death (Iter	n 23a) (Type. P	rint)	10 76		· 1	12	,2006
	3		MICHAEL /1.	IX ROM N	1.D.8	60/Vere	cons/1	KHUAY 1	//wee	WILLE	2,200b MD 21108
	Sta		31. Date filed (Month, Day, Year) SEP 1 5 200	32 Registrar's Signa	ature			/			
	Registr	1	SEP 1 5 200	U See See	N Mag	0					

			1 - For State Registrar		aryland /	Depa Cer	rtment of F	lealth and <i>Death</i>	Mental Hyg	iene 0 0	6 31112
	Physici /Medi		Decedent's Name (First, Middle, Las     JOHN	J.	BA	RRAN			2. Date of Deal Month SEPT • 1	4 200	1100 22
	Examir Funeral	ner	4a. Facility Name (If not institution, give  COASTAL HOSPIC  5. Social Security Number 6. S	E AT THE L	AKE	birthday)		T Location of Dea  BURY  If Under 24 Hrs	S. B Date of Birth		ICOMICO
	Director			<b>X</b> )M 2□F	84	Yrs.	Months Days	Hours Min	JULY 31,	1922	9. Birthplace (State or Foreign Country) MARYLAND
	death with the Maryland me 23a or 28a-f ehow rmust ke retified at	2	10a. State 10b. County		10c. City, To						10d. Inside City Limits
	the M 28a-f	Director	DELAWARE SUSSEX  10e. Street and Number		DAG	GSBOR	O 10f. Zip Code		1	0g. Citizen of Wi	1 Yes 2 No
	th with	al Di	121 RIVERVIEW	DRIVE			1993	39		USA	iat Country!
320	s 1 and 2 should be filed within 72 hours after death with the Marylan if Health and Mental hygiene. Item 27 is marked other than "natural", or itame 23e or 28e-f show other traumatic event, the Medical Examinar must be retitled at	by Funeral	11. Marital Status  1 Never Married 2 Married  3 X Widowed 4 Divorced	12. Was Decedent E Armed Forces? 1 ☐ Yes 2 ☑ N If Yes, Give Year or Dates:	ever in U.S.		Vas Decedent of H Yes, specify Cuba ☐ Yes 2 No	lispanic Origin? ( an, Mexican, Pue Specify:	Specify Yes or No- rto Rican, etc.)		- American Indian, , White, etc. WHITE
2-003p	72 hor	eted	15. Decedent's Ed (Specify only highest gra	ucation	16	6a. Deced	ent's Usual Occup	ation	orking	16b. Kind of Bus	iness/Industry
717	d within giene. er then "	Completed	Elementary/Secondary (0-12)	College (1-4or 5- 5+	+)		kind of work done of NOT use retired  PRESIDE		g	INSUE	RANCE
alla	I be filed ntal Hygic od other event, II	Be	17. Father's Name (First, Middle, Last)	D 4 D D 4 1					me (First, Middle, M	Maiden Sumame	)
ar y	2 should be and Mental is marked of aumatic ev	ဥ	ANTHONY  19a. Informant's Name/Relationship (7)	BARRA]		9b. Mailin	Address (Street		UNKNOWN ural Route Number,	City or Town, S	itate. Zip Code)
	and 2 ealth a m 27 is		JOHN J. BARRANGE	R JR./SON		121	RIVERVIE				VARE 19939
ש	Pages 1 nent of He ant: If iter ary or oth		20a. Method of Disposition 1 ☐ Burial 2 🛣 Cremation 3 ☐		сете	tery, crem	ition (Name of atory or other place	1		20c. Location - C	City or Town, State
Daillino			4 ☐ Donation 5 ☐ Other (Specify 21. Signulure ☐ Ineral Service Licen		CREMA		OF DELM		15/06	DELMAR,	DELAWARE
ŏ	permit. Departr imports eny Inj		Marly W	Hand		HAS	TINGS FU	NERAL HO			DE. 19975
			23a. Part . Enter the disease, or comp shock, or heart failure. List only of Immediate Cause (Final	plications that caused one cause on each line	the death. D	0	1 .			est,	Approximate Interval Between Onset and Death
	Physician /Medical		disease or condition resulting in death)	a. Netesta  Due to (or as a	consequence		curatic	- (a)	ren		
	Examiner	<u>.</u> .	Sequentially list conditions,	b							
	uted d ansit	Examiner	If any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	Due to (or as a	ons <del>a</del> queno	a on:					
0000	ificate be executed physician and as the burial-transit		resulting in death) Last	Due to (or as a	consequenc	ce of):					
000		edical		d							
.C. DOX	To the Hospital or Attending Physician: The law requires that the death certifing the hours after death.  To the Funeral Director: After this certificate has been signed by the attending is one funeral director. After this certificate has been signed by the attending completely filled in by the funeral director, page 2 should be detached for use as	Physician/M	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 ☐ Yes 2 ☐ No 9 ☐ Unknown	23c. If yes, outcome of 1 □ Live birth 2 4 □ Pregnant at t 9 □ Unknown	Fetal dea		Ectopic pregnancy Other (specify)			23d. Date Month	
ב יפו	equires that en signed b	by	Part II. Other significant conditions co	ntributing to death bu	t not resulting	g in the un	derlying cause give	en in Part I.	23e. Did tob		oute to the cause of death?  B Probably 4 Unknown
	The law racate has be page 2 sh	Completed							24a. Was an autopsy perform	ed? dea	ere autopsy findings available or to completion of cause of ath?  Yes 2 \sum No
)   A	sician: Th certificate irector, pag	Be C	25. Was case referred to medical examiner?	Hospital:			25 DOA Othe	or	ath (Check only one		
5	ding Phys th. : After this s funeral dir	ition: To	27. Manner of Death   Natural 5   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pe	28a. Date of Injury (Month, Day	28b	Outpatient  Time of Injury	28c. Injury Work	4   Nursing F	dome 5 Resider 28d. Describe hor		
	To the Hospital or Attending Physician: The la within 24 hours after death.  To the Funeral Director: After this certificate has completely filled in by the funeral director, page 2	Certification:	3 Suicide 6 Could not be determined	28e. Place of Injurbuilding, etc.	ry - At home, (Specify)	farm, stre			28f. Location (Str. City or Town,	eet and Number State)	or Rural Route Number,
	ne Hospit n 24 hour ne Funera	Medical	29a. Certifier (Check only one) Certifying Phy 2 Medical Exam	rsicien: To the best of iner: On the basis of a and manner state	examination a	ge, death and/or inve	occurred at the timestigation, in my op	e, date and place pinion, death occu	e, and due to the caurred at the time, da	use(s) and mann te and place, and	ner as stated. d due to the cause(s)
	To the	Σ	29b. Signature and title of centifier	10	1 000		29c. License	number	29	d. Date signed (	Month, Day, Year)
	No.		30. Name and address of person who c	ompleted sauss of	YVVV	) (7: 7	No	16 L/	8	7-19	- OL
1	10		Drevid E. Cores	11,00 Co	estel +	Kspi	2 POL	30x 173	3 Sali	54 M	D 21802
	Sta Registra		31. Date filed (Month, Day, Year) SEP 1 8 21	32. Bagistrar	's Signature	do	soli 1				

Barr

Louise

3. Time of Death

06

23

09

11:45 AM

1 Yes 2 No

MD

Physician	
/Medical	
Examiner	

Division of Vital Records, P.O. Box 68760, funeral director

Ruthella 4c. County of Death 4b. City, Town, or Location of Death 4a. Facility Name (If not institution, give street and number) Allegany Cumberland Campus WMHS Braddock If Under 1 Year If Under 24 Hrs. 8. Date of Birth Months Days Hours Min. 6. Month Day Year 23, 7. Age (In yrs. last birthday) 5. Social Security Number Birthplace (State or Foreign Country) 6. Sex **Funeral** 3. 1919 MD 1 M 2 X 220-07-6369 86 Director Usual Residence of Decedent 10c. City, Town or Location 10d. Inside City Limits 10a. State r then "neturel", or Iteme 23e or 28e-f ehow the Medical Examinar must be notified at WV Mineral Ridgeley Funeral Director 10g. Citizen of What Country? 10f. Zip Code 10e. Street and Number 26753 64 Knobley Street P.O. Box 465 USA Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. Was Decedent Ever in U.S. Armed Forces? Race - American Indian, Black, White, etc. 1 Yes 2 Yo If Yes, Give Year or Dates: 1 Never Married 2 Married 1 Yes 2 No Baltimore, Maryland 21215-0036 Specity: white Ď 3 ☐Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) Cottege (1-4or 5+) Homemaker Own Home 18. Mother's Name (First, Middle, Maiden Sumame) 17. Father's Name (First, Middle, Last) Pages 1 and 2 should be fitt timent of Heelth and Mental H tent: If Item 27 is marked oth jury or other treumatic even Catherine (Meyers) Smith Russell Smith 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code, OH 44109 daughter 3920 Spokane Avenue Cleveland Yvonne Beamer 20b. Place of Disposition (Name of cemetery, crematory or other place)
Hillcrest Memorial Park 20c. Location - City or Town, State 20a. Method of Disposition 1 Borial 2 Cremation 3 Removal from State 9/26/2006 Cumberland 4 □ Donation 5 □ Other (Specify) 21. Signature of Funeral Service Licensee 22. Name Scarpelli Funeral Home, PA 108 Virginia Avenue: Cumberland, MD 21502 23a. Part 1 Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, enock or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death tmmediate Cause (Final disease or condition resulting in death) Znds Conchosis **Physician** /Medical Due to (or as a consequence of): Examiner Sequentially tist conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequent Examine ettending physician and for use as the burial-transit Due to (or as a consequence of): Physician/Medical IF FEMALE: 23c. tf yes, outcome of pregnancy
1 Live birth 2 Fetal death 23d. Date of delivery 23b. Was decedent pregnant 3 Ectopic pregnancy Day in the past 12 months?
1 ☐ Yes 2 ☐ No 4☐Pregnant at time of death 5 Other (specify) certificate has been signed by tha rector, page 2 should be detached 9 Unknown 9 Unknown 23e. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. ۾ 1 Yes 2 No 3 Probably 4 □Unknown Completed 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performe 2 □ No 1□ Yes 1 Yes 2 2 No 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospitat: Other 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 ☑ No 1 Inpatient ٩ 2 ER/Outpatient 3 DOA 28b. Time of 28d. Describe how injury occurred 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? Certification; 1 Naturat 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide

State Registrar

Medical

29a. Certifier

29b. Signature and title of cepities

Gary

31. Date filed (Month Day, Year)

30. Name and address of person who completed cause of death (ttem 23a) (Type, Print)

Wagoner

OCT 0 2 2006

DHMH 17 Rev 1/2001

within 24 hours

To the

Bishop

2. Registrar's Signature

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29c. License number

Walsh Road

REPROCENENT

Please Type or Print in Black Indelible Ink. Ensure All Copies Are Legible.
State of Maryland / Department of Health and Mental Hygiene

oderick Clinkso		1- For State Registrar	of Maryland /		rtment of tificate of		and I	Mental		Reg. No. Z	2006	31114
Physicia edical Exami		Decedent's Name (First, Middle, La Roderick Clinkscale	st)						2. Date of De Month Septemb	Dav	Year	3. Time of Death 0227 hrs
		4a. Facility Name (if not institution, gi			4	b. City, Tow		ation of Dea		4c. C	ounty of Deat	
· · · · · · · · · · · · · · · · · · ·		Prince George's Hospital  5. Social Security Number 6. S		In ure in	ast birthday)	Cheverly If Under 1		If Under 24F	dry Data of E		nce Georg	e'S thplace (State or Foreign
Funeral Director		578 <del>-88-4</del> 130 12	M 2 F 45	III yrs. ia	Yrs.	Months	Days		Oct. 18		l Cr	ountry) Washington
any		Usual Residence of Decedent  10a. State 10b. County	11	Oc. City,	Town or Location	on			- "			10d. Inside City Limits
ne Maryland or 28a-f show <u>fied at once.</u>	ō	MD Prince Geo	orge's	Che	verly							1, X Yes 2 No
e Mary or 28a-	Director	10e. Street and Number 2900 Mercy Lane				10f. Zip Co 20785	de			10g. Citizer U.S.A.	of What Cou	ntry?
with the Maryland ns 23a or 28a-f sho be notified at once.		11. Manital Status	12. Was Decedent E	ver in U.S	S. 13. Was		of Hispar	nic Origin? (	Specify Yes or N		. Race - Amer	ican Indian, Black,
MD 21215-0036 d 2 should be little within 72 hours after death with the Maryland thin and Montale Higier. n 27 is marked other than "natural", or items 23a or 28a-f shound it event, the Medical Examiner must be notified at once	Funeral	1 Never Married 2 Marrie	1 Yes 2 X	No					rto Rican, etc.)		White, etc.	
rs after ural", miner	ģ	3 Widowed 4 X Divorce  15. Decedent's Education (Specify of	If Yes, Give Year or Dates:	eted)	16a. Decedent	Yes 2 X			of work done		ecify: Blac	
5-0036 led within 72 hours a Hygiene. other than "natural the Medical Examin	Completed	Elementary/Secondary (0-12)	College (1-4 or 5+			st of working				100. Killi	of Business/	industry
0036 within 72 jene. rer than	duc		1 year		Field in	spector				priv		
21215-0036 Muld be filed within 7 Mental Hygiene. marked other than c event, the Medica	Be Co	17. Father's Name (First, Middle, Las Harold Wade Clinkscal							me (First, Middle Ledwards	Maiden Su	rname)	
2121 nould be fil d Mental I is marked fic event,		19a. Informant's Name/Relationship (			19b. Mailing	Address (			r Rural Route Nu	ımber, City	or Town, State	e, Zip Code)
		Patricia A. Clinksca 20a. Method of Disposition	le/ Mother	l anh c	13605 U				, MD 20720			-
Baltimore, MD 2'scenir Pages I and 2 should Department of Health and Me Important: If item 27 is manipury or other traumatice.		1 $X$ Burial 2 Cremation 3	Removal from State	С	rematory or oth	er place)			Date		ation - City or	Town, State
Baltimo permit. Page Department of Important: injury or oth	1	4 Donation 5 Other Specification 21. Signature of Funeral Service Lice		Res	urrection   22. N	n Cemete ame and Add . Jenki			3/2006	Clin	ton, MD	
Dep Dep inju		Lavana T. Jenkins (po	er DVR)						ноте ndover, MI	20785		
Physician /Medical		23a. Part i. Enter the disease, or comfailure. List only one cause on e		e death.	Do not enter th	e mode of d	ying, suc	h as cardia	or respiratory a	rrest, shock	, or heart	Approximate Interval Between Onset and
Examiner		Immediate Cause (Final disease or condition resulting in death)	Gunshot wound of Due to (or as a consequence)			ications						Death
age C		Sequentially list conditions,			,·							
	nine	if any, leading to immediate cause. Enter Underlying Cause	Due to (or as a consequent	uence of	·):							
ed nsit	Examine	(Disease or injury that initiated events resulting in death) Last	Due to (or as a consequent	uence of	):							
Division of Vital Records, P.O. Box 68760, Mospital or Attending Physician: The law requires that the death certificate be executed by hours after death.  Funeral Director: After this certificate has been signed by the attending physician and tely filled in by the funeral director, page 2 should be detached for use as the burial - transit.		UNPENDED	V AMENDED		0000 1	/00 /07						
760, cate be ex physician the burial	cian/Medical	IF FEMALE:	#ZI,]	of pregr	<b>,</b> G863, 1	/23/0/	TT			23d. E	ate of deliver	y
Sox 6876 leath certificat e attending ph	cian	23b. Was decedent pregnant in the past 12 months?	1 Live birth 4 Pregnant at tir	ne of dea	oth	al death ner (Specify)		Ectopic preg	nancy	Mo	onth	Day Year
Box ie death of the atter	Physi	1 Yes 2 No 9 Unknow	9 OUKNOWN									
P.O.	by P	Part II. Other significant conditions	contributing to death b	out not re	esulting in the u	nderlying car	use give	n in Part I.		_		the cause of death?
ds, P equires t		· · · · · · · · · · · · · · · · · · ·			_		<b></b>					utopsy findings available
of Vital Records, bg Physician: The law requir offer this certificate has been someral director, page 2 should!	ompleted	\ <del></del>							perf	psy ormed?	prior to death?	completion of cause of
tal Recinimis. The certificate ector, page	Be Co	25. Was case referred to medical				26.F	Place of	Death (Che		2No	1 🗸 Y	es 2 No
'Nit;	To B		Hospital: 1 Inpatient		ER/Outpatient				sing Home 5	_		r:
in of iding Pl fh. : After e funera	ion:	27. Manner of Death  1 Natural 5 Pending	28a. Date of Injury (Month, Day, Yea	r)	28b. Time of In Unknown		Injury a	t Work? 2 ✓ No	28d. Describe Subject sh		occurred	
Division tal or Attendi rs after death. al Director: //	ertification:	2 Accident Investiga	200 Place of Injur		ome, farm, stree				28f. Location	(Street and	Number or Ri	ural Route Number, City
Divipital o	Certi	4 Homicide determin		l Stree	et				or Town, St. Barnabas	State) Rd., SE,	Washington	, DC
Division  To the Hospital or Attent within 24 hours after death To the Funeral Director: completely filled in by the			cian: To the best of my ler:On the basis of exami									
To t with To t	Medical	29b Signature and title of certifier	and manner stated.	- Idilori di	id/or investigati		cense ni		d at the time, date			nth, Day, Year)
		11 all 12 lo	1110			0	.C.M.	Ξ.			mber 20, 2	
	1	30. Name and address of person who			,					<u></u>	<del></del>	
	_		stant Medical Exan		111 Penn	Street, B	altimo	e, MD 2	1201			
S Regis		31. Date filed (Month, Day, Year)		Julian	Coast	6.0						

ORIGINAL

	١		1 - For State Registrar	State of Maryland / I	Department of F Certificate of	Health and Me	ental Hygier	•	15
t )	Physici /Medic Examir	cal	Decedent's Name (First, Middle, Last  Lawrence E.  4a. Facility Name (If not institution, give	Cole, Sr.	4b. City, Town, o		September	Oay Year 3. Time of Dec 10, 2006 12:10	
	, Funeral Director		Gladys Spellman S 5. Social Security Number 6. Se 214-32-9166 Usual Residence of Decedent	x 7. Age (In yrs. last bi		Hours Min.	8. Date of Birth (Month, Day, Yea	Prince George's  9. Birthplace (State or For Country)  9.34 Maryland	
	a-f show	ctor	10a. State 10b. County  Maryland Prince	George s 10c. City, Tow		oitol Heigh	nts	10d. Inside City L 1 X Yes 2 [	
	ifter death with the Marylan if teme 23a or 28a-f show thet must be notified at	Funeral Director	10e. Street and Number 313 Cedarleaf	Ave.	10f. Zip Code	20743	10g. (	Citizen of What Country? United States	
036	within 72 hours after death with the Maryland ene. than "natural", or iteme 23e or 28e-f ehow ite model Exerting the natified at	þ	11. Marital Status  1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Ever in U.S. Armed Forces?  1  Yes, Zi No If Yes, Give Year or Dates:	13. Was Decedent of Hif Yes, specify Cub		ify Yes or No- lican, etc.)	14. Race - American Indian, Black, White, etc.  Specify: Black	
21215-0036	77 100 100 100	Completed	15. Decedent's Edi (Specify onfy highest grad Elementary/Secondary (0-12)	cation 16a College (1-4or 5+)	Decedent's Usual Occup (Give kind of work done life. DO NOT use retire	during most of working d)	Co	Kind of Business/Industry  Onstruction Co.  Overnment	
pu	be filed stal Hyg od othe svent,	To Be C	17. Father's Name (First, Middle, Last)  John W. Col		Buperv	18. Mother's Name		en Sumame)	
	1 and 2 sh Health and In 27 Is m		19a. Informant's Name/Relationship (T)  Martin D. Cole/  20a. Mathod of Disposition	Son	o. Mailing Address (Street 7615 Greenle f Disposition (Name of		ndover, N	y or Town, State, Zip Code)  1D 20785  Location - City or Town, State	
Baltimore,	permit. Pages Department of the Important: If Its any injury or of once.		1 Burial 2 Cremation 3 F 4 Donation 5 Other (Specify) 21. Signature of Fundral Service Licens	Removal from State   cemete Harmon	ry, crematory or other pla y Memorial P 22. Name and Addre	ess of Facility St	2006 Lewart Fur	Landover, MD neral Home	
	Physician /Medical Examiner		23a. Part1. Epler the disease, or comp shock, or heart failure. List only of Immediate Cause (Final disease or condition resulting in death)	ne cause on each line.	not enter the mode of dyir ral Hemorrha	ng, such as cardiac or		Approximate Interval Betwee Onset and Deat	
	ate be executed hysicien and he burial-transit	Ical Examiner	Sequentially list conditions, if any, loading to animodate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	Due to for as a consequence  Due to (or as a consequence  d.					
O. Box 68	that the death certificated by the attending photograph detached for use as the	Physician/Med	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 □ Yes 2 □ No 9 □ Unknown	23c. If yes, outcome of pregnancy 1 ☐ Live birth 2 ☐ Fetal death 4 ☐ Pregnant at time of death 9 ☐ Unknown	3 ☐ Ectopic pregnancy 5 ☐ Other (specify)	1		23d. Date of delivery Month Day Year	,
7	law requires that the as been signed by th 2 should be detache	þ	Part II. Dther significant conditions co Respirat	ntributing to death but not resulting i	n the underlying cause giv	ven in Part I.	23e. Did tobacco	o use contribute to the cause of death	
_	The ate h page	Completed	Seizure :	Disorder Infarction			24a. Was an autopsy performed?		lable e of
or vita	Physician: I'n this certificate ral director, pag	To Be	25. Was case referred to medical examiner? 1 ☐ Yes 2 ☐ No	Hospital: 1 ☐ Inpatient 2 ☐ ER/Ou	itpatient 3 DOA Oth	26. Place of Death	Check only one one one	6 □Other (Specify)	
Vision	After fune	Certification;	27. Magner of Death  1 ©Natural  2 □ Accident  3 □ Suicide 4 □ Homicide  5 □ Pending investigation 6 □ Could not be determined			Yes 2 □ No	3d. Describe how in 3f. Location (Street a City or Town, Sta	and Number or Rural Route Number.	
	To the Hospital or Atten within 24 hours after deat To the Funeral Director: completely filled in by the	dical	29a. Certifier 1 X Certifying Phy (Check only one) 2 ☐ Medical Exami	sician: To the best of my knowledge ner: On the basis of examination an and manner stated.	e, death occurred at the tir d/or investigation, in my o	ne, date and place, ar ppinion, death occurred	nd due to the cause d at the time, date a	(s) and manner as stated. nd place, and due to the cause(s)	
)	To the Complet	Me	29b. Signature and title of certifier	Milim		e number 0026024		Pate signed (Month, Day, Year) eptember 11, 2006	
R	20/ Sta	te	30. Name of address of person who concluded Lester Miles 31. Date filed (Month, Day, Year)	, M.D. 6490 Land	(Type, Print)  lover Rd., S	uite F, La	ndover, M	ID 20785	

DHMH 17 Rev 1/2001

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. 26. U U 6 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth Month Physician Virginia C. Corey 20 /Medical 4e Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death ore y Vigin Examiner Genesis Layhill Healthcare Silver Spring Montgomery 5. Social Security Number If Under 1 Year | If Under 24 Hrs. 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** Months Days 1□M 2√2F Yrs. Director 493-24-3481 June 10, 1924 Usual Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Depertment of Heelth and Mentel Hygiene. Important: if tem 27 is marked other than "nature!, or heme 23e or 28e-f show any injury or other traumatic event, the Medical Evanirer must be notified at ence. 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits **Funeral Director** Montgomery Silver Spring 1 ☐ Yes 2√ No 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 3383 Beaverwood Lane 20906 United States 12. Was Decedent Ever in U,S Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11. Marital Status 1 Never Merried 2 Married 1 ☐ Yes 2 No If Yes, Give Year or Dates: Baltimore, Maryland 21215-0036 1 ☐ Yes 2 ☑ No Specify: Completed by Specify: White 3 ₩idowed 4 Divorced 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Secretary Phone Company 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Walter Steinmann Emma Charlotta Bergmann 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) 19a. Informent's Name/Relationship (Type, Print) Cheryl A. Meyer - Daughter 156 Ladue Oaks Drive Creve Coeur MO 63141 20b. Piece of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Sunset Memorial Park 9/14/06 Affton MO 21. Signature of Funeral Service Licensee 22. Name and Address of Facility Danzansky-Goldberg Memorial Chapels Inc. 1170 Rockville Pike Rockville MD 20852 23a. Part: Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Betw Onset and Death **Physician** /Medical Immediate Cause (Final diseese or condition resulting in deeth) Examiner The law requires that the daath certificate be axecuted ettanding physician and d for usa as the bunal-trensit Exami Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in death) Lest Due to (or as e consequence of): Division of Vital Records, P.O. Box 68760 Physician/Medical Due to (or as e consequence of) ata has been signed by the a pega 2 should be detached Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown ģ 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? After this certificata has 20 No 1 ☐ Yes 2 No or Attending Physician: the funerel diractor, Be 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 1 ☐ Yes 2 No 2 4 Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 28e. Date of Injury (Month, Dey Year) 27. Manner of Death 28c. Injury at Work? Certification: 28b. Time of 28d. Describe how injury occurred 1 Naturel 5 Pending investigation efter deeth. Director: Aft 2 🗆 No 1 Yes 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 - Homicide Hospitai
 24 hours e
 Funerai 29a. Certifier (Check only one) Certifying Physicien: To the best of my knowledge, death occurred at the time, date and plece, and due to the ceuse(s) and manner as stated.

Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical within 2 To the 29b. Signature and title of certifie 29c. License numbe 29d. Date signed (Month, Day, Year) ttond Sician

State Registrar 30. Neme and address of parson who completed cause of deeth

13

31. Date filed (Month, Dey, Year)

SEP

(Item 23e) (Type, Print)

Registrar's Signature

State of Maryland / Department of Health and Mental Hygiene

State Registrar one)

29b. Signature and title of certifier

30. Name and address of person who completed

ØKeffe,

31. Date filed (Month, Day, Year) 32. Registrar's Signature 1 5 2006

Suite 310 110 Hospital Rd. Prince Frederick, MD 20678

use of death (Item 23a) (Type, Print)

29c. License number

D52192

29d. Date signed (Month, Day, Year)

Sept 14, 2006

#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth Dev Month 13, JAY HURST COUPE SEPT. 2006 5:55PM 4a Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death MANOR CARE POTOMAC POTOMAC MONTGOMERY If Under 1 Year 7. Age (In yrs. last birthday) If Under 24 Hrs 8. Date of Birth (Month, Day, Year) Days Hours 1 ★ M 2 □ F Yrs. 10c. City, Town or Location

permit. Peges 1 and 2 should be filed within 72 hours efter death with the Meryland Department of Haalth and Mental Hygiene. Important: If them 27 is marked other than "naturel; or items 23s or 28s-f ahow any injury or other traumetic event, the Medical Examinar must be notified at Baltimore, Maryland 21215-0036

**Physician** 

/Medical

Examiner

Funeral

Director

**Physician** /Medical Examiner

ettending physician and I for use es tha bunal-trensit been signed by the should be detached After this certificate has funerel director, paga 2

ģ

Completed

Be

၉

Certification:

edical

or Attending Physician: The law requires that the death certificate be asscuted Division of Vital Records, P.O. Box 68760, after deeth.

Director: Aft
d in by the fur 24 hours Funeral To the Hosp within 24 hor To the Fune completely fi

> State Registrar

5+1

			1 - For State Registrar	State of Ma		artment of F			iene 0 0 2	6	31119
			1. Decedent's Name (First, Middle, Last)					2. Date of Deat Month	th		3. Time of Death
	Physici /Medio		Beatrice Carr					Septemb		2006	2:10P M
	Examin		4a. Facility Name (If not institution, give s	treet and number)			r Location of Death	1	4c. County o	Death	
			Future Care  5. Social Security Number 6. Sex	7 400	(In yrs. last birthday	Arnol	d If Under 24 Hrs.	0. Data of Birth	Anne A		
	Funeral Director		216-34-7067	м 247 г	94 Yrs.	Months Days	Hours Min.	8. Date of Birth (Month, Day, Feb 9	Year)	Gou <i>ntry</i>	
	and w		Usual Residence of Decedent  10a. State 10b. County		10c. City, Town or I	ocation				10d.	Inside City Limits
	Mary -f ehc	ĬĢ	Maryland Anne Ar	unde1	Annapol	lis					1 Nes 2 No
	or 28a	irec	10e. Street and Number			10f. Zip Code		1	0g. Citizen of Wh	at Country	?
	23a c	raiD	1333 Yorktown R	d.		2140	9		USA		
36	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Depertment of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural; or Items 23a or 28a-f ehow any injury or other traumatic event, the Medical Exercities must be notified at once.	Completed by Funeral Directo	11. Marital Status  XXNever Married 2 Married  3 Widowed 4 Divorced	2. Was Decedent E Armed Forces? 1 ☐ Yes 2 ☑ N If Yes, Give Year or Dates:		Was Decedent of H If Yes, specify Cuba 1 ☐ Yes 2 ☐ WNo	ispanic Origin? (S in, Mexican, Puert Specify:	pecify Yes or No- o Rican, etc.)	Black,	American White, etc. Blac	
21215-0036	72 hou	ted	15. Decedent's Educ	ation	16a. Dec	edent's Usual Occup	ation	4	16b. Kind of Bus	ness/Indus	try
2	ithin 7	npie	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4or 5-	life	B kind of work done of DO NOT use retired	during most of wor i)		United	Stat	es
2	fygier tygier her th		5h 17. Father's Name (First, Middle, Last)	0	La	undry A			Naval A		my
Maryland	d be fi	Be	Clarence Carr					ne (First, Middle, M	Maiden Sumame,	1	
Ž	should nd Me mark	7	19a. Informant's Name/Relationship (Typ	e, Print)	19b. Mai	ing Address (Street a	Ida In		City or Town. S	ate. Zip Co	ide)
	alth a 27 is		Dorothy Harris(	Daughter		Yorkton					
altimore,	es 1 a of He of He r othe		20a. Method of Disposition 1   Burial 2 □ Cremation 3 □ Records	amount from State	20b. Place of Disc	osition (Name of Indatory or other place	e)	Date	20c. Location - C	ity or Town,	State
Ĕ	Pag Iment tant: I		4 Donation 5 Other (Specify)	SHOVALIIOHI SLATE	Broadne	ck Churc	ch 9-1				ts, Md.
Ball	permit Depert Import eny in		21. Signature of Funeral Service License  Lavry B. Le		483 E	n Rees 121 West	St. An	s Mortua	ary, P.	A. 21401	
П			23a. Part1. Enter the disease, or complice shock, or heart failure. List only on	ations that caused to e cause on each line	the death. Do not en	ter the mode of dyin	g, such as cardiac	or respiratory arre	est,	Ap Int	proximate terval Between
	Physician		Immediate Cause (Final disease or condition resulting in death)	advo	inced	dem	entra			U	loset and Death
	/Medical Examiner		resulting in death)	Due to (or as a	consequence of);					0	
		e	Sequentially list conditions, if any, leading to immediate		сопредиельной).						
	outed and ransit	Examiner	cause. Enter Underlying Cause (Disease or injury that initiated events								
Ö,	cate be executed physicien and the burial-transit	Exc	resulting in death) Last	Due to (or as a	consequence of):						
8760,	physic the b	dical	d							-	
Box 6		by Physician/Me	IF FEMALE: 23b. Was decedent pregnant in the past 12 months?	lc. If yes, outcome o 1∐Live birth 2	Fetal death 3	☐Ectopic pregnancy			23d. Date		y Yesar
P.O. 1	0 0 0	hysic	1 ☐ Yes 2 DNo 9 ☐ Unknown	4☐ Pregnant at t 9☐ Unknown	ime of death 5	Other (specify)			NAION III	Da	, 164
_	law requires that the as been signed by th 2 should be detache		Part II. Other significant conditions contact the significant conditions contact the significant conditions contact the significant conditions contact the significant conditions contact the significant conditions contact the significant conditions contact the significant conditions contact the significant conditions contact the significant conditions contact the significant conditions contact the significant conditions contact the significant conditions contact the significant conditions contact the significant conditions contact the significant conditions contact the significant conditions contact the significant conditions contact the significant conditions contact the significant conditions contact the significant conditions contact the significant contact the significant conditions contact the significant conditions contact the significant conditions contact the significant conditions contact the significant conditions contact the significant conditions contact the significant contact the significant conditions contact the significant conditions contact the significant contact the significant contact the significant contact the significant contact the significant contact the significant contact the significant contact the significant contact the significant contact the significant contact the significant contact the significant contact the significant contact the significant contact the significant contact the significant contact the significant contact the significant contact the significant contact the significant contact the significant contact the significant contact the significant contact the significant contact the significant contact the significant contact the significant contact the significant contact the significant contact the significant contact the significant contact the significant contact the significant contact the significant contact the significant contact the significant contact the significant contact the significant contact the significant contact the significant contact the signific	ributing to death but	not resulting in the	inderlying cause give	en in Part I.		acco use contrib s 2 □ No 3	ute to the ca	
Records,	The ste h	Completed		·				24a. Was ar autopsy perform 1 Yes 2	190?/ 093	re autopsy or to comple ath? Yes 2	findings available ation of cause of
/Ita	ysician: Th	Be	25. Was case referred to medical examiner?				26. Place of Fra	th  Check only one		,103 2	7110
5	Physi this c	유	1 103 2 1010	spital:			4 Mursing H	ome 5 Reside			
5	ding h. After funer	tion	27. Manner of Death  1 ☐ Matural 5 ☐ Pending 2 ☐ Accident investigation	28a. Date of Injury (Month, Day		Work	at ?? Yes 2 □ No	28d. Describe ho	w injury occurred		
Division of Vital	or Atten after deat Director: in by the	Certification:	3 ☐ Suicide 6 ☐ Could not be	28e. Place of Injur	y - At home, farm, si		2	28f. Location (Str	eet and Number	or Rural Ro	oute Number.
ā	s effe	Cert	4 Homicide	building, etc.	(Specify)	•		City or Town	, State)		
	To the Hospitel or Attending Physician: within 24 hours effer death. To the Funstal Director: After this certifice completely filled in by the funeral director.	edicai (	29a. Certifier 1 Certifying Physic (Check only one)	cian: To the best of er: On the basis of e and manner state	examination and/or it	h occurred at the time evestigation, in my op	e, date and place, pinion, death occur	and due to the ca red at the time, da	use(s) and mann te and place, and	er as stated due to the	i. cause(s)
	To th To th Comp	¥.	29b. Signature and title of certifier			29c. License		. 1	d. Date signed (	Month, Day,	, Year)
				1	-N	10 0	5070	15 9	7-13-	-20	06
	4		30. Name and address of person who cor	ppleted cause of dea	ath (Item 23a) ype	Print)	1/	19/1/2	- 11	11:	06 08/108
	Sta	e	31. Date filed (Month, Day, Year)	32 Registrar	's Signature	retans	Huy	UST.	V.LL	1418	101108
	Registra		SEP 1 5 200	06	NA A	and the					

			1 - For State Registrar		arylar				lealth and Death	d Mental Hy	Reg. No.20	06	31120
	Physici	an	Decedent's Name (First, Middle, in the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control	,						2. Date of D	Day	Year	3. Time of Death
	/Media	cal	JOSEPH 4a. Fecility Name (If not institution, c	WILSO			CALEB		r I continue of Dr	09	4c. County	2006	2252 "
7	Examir	er	1	24 10 10	NTE	D	4b. City,		r Location of De	atri		Nicom	
	Funeral		FENINSULA REGIONAL  5. Social Security Number 6	Sex 7. Ac		last birthday)	tf Under	1 Year	If Under 24 h	irs. 8. Date of Bi		9. Birth	place (State or Foreign
	Director		219-22-7488 Usuat Residence of Decedent	1 <b>⊠</b> M 2□F	79	Yrs.	Months	Days	Hours M	ars. 8. Date of Bi (Month, D JUNE 2.	ay, Year) 5, 1927	Cou	ARYLAND
	yland		10a. State 10b. County		10c. Cit	ty, Town or Lo	ocation						10d. Inside City Limits
	a-f-	ctor	DELAWARE SUSS	EX		SELBYV	ILLE						1 ☐ Yes 2X No
	or 26	Directo	10e. Street and Number				10f. Zip	Code			10g. Citizen of N	Nhat Cou	ntry?
	ath w	ra	37415 PURPLE M					1997			US		
36	within 72 hours after death with the Maryland ene. than "natural", or iteme 23e or 28a-f ahow ta Madical Exeminat mat the notified at	by Funeral I	11. Marital Status  1 ☐ Never Married 2 📆 Married  3 ☐ Widowed 4 ☐ Divorced	12. Was Decedent Armed Forces? 1  Yes 2  If Yes, Give Year or Dates:	•		Was Deced If Yes, spec 1 ☐ Yes		fispanic Origin? an, Mexican, Pu Specify:	(Specify Yes or Nierto Rican, etc.)	5- 14. Rac Blac Specifi	ck, White,	can Indian, , etc. VHITE
21215-0036	2 hou	ed	15. Decedent's	Education		16a. Dece	dent's Usua	al Occup	ation		16b. Kind of B	usiness/fr	ndustry
215	hin 7	Completed	(Specify only highest of Elementary/Secondary (0-12)	grade completed)  Cottege (1-4or	54)		kind of wo DO NOT us		during most of ( d)	working			3,47.2
21	should be filed within Mental Hygiene. marked other than matic avant, tha M	mo;	12	College (1940)	J+)	SHIPP	ING &	REC	CEIVING	CLERK	MANUFA	CTUR	ING
	be filed tal Hygid d other	Bec	17. Father's Name (First, Middle, La	st)					18. Mother's	Name (First, Middle	, Maiden Suman	10)	
yla	should be and Mental a marked o	2	JAMES	CALEB					ANN	E	SAWYE	:R	
Maryland	2 a = a	0.0	19a. Informant's Name/Relationship			1				Rural Route Numb			
	and lealth m 27 her tr		AGNES G. CALEB/	WIFE	100h 6	_			MARTIN	CT., SEL			
0	if it a		20a. Method of Disposition 1 Deurial 2 Cremation 3	☐Removal from State		Place of Dispo cemetery, crei	matory or o	ne ot ther plac	сө)	Date	20c. Location -	City or To	own, State
Baltimore,	nit. Pag sartment ordant: I injury o		4 Donation 5 Other (Spe		CR				ARVA 9/	16/06	DELMAR	, DE	LAWARE
Bal	permit. Pages 1 are Department of Hea Important: If Itam any injury or otha		21. Signature of Funeral Service Lic	ensee				_	ss of Facility	HOVE OF			10075
	20240	72 1	23a. Part1. Enter the disease, or co shock, or heart failure. List on	MO	1343					HOME, SE		, DE	Approximate
0,	Physician /Medical Examiner price and price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in price in p	Examiner	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	a. Due to (or as b. Due to (or as c. Due to (or as	a conseq	M BUY juence of):	Eml						Interval Between Onset and Death MINUTUS
P.O. Box 68760,	t the death certificate by the ettending phy ached for use as the	Physician/Medical	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 ☐ Yes 2 ☐ No 9 ☐ Unknown	d	2 Feta	il death 3	Ectopic pr		1			te of delive	ery Day Year
	es tha igned be del	by F	Part II. Other significant conditions	contributing to death b	out not res	ulting in the u	nderlying c	ause giv	en in Part I.	23e. Did	tobacco use cont	ribute to t	he cause of death?
ord	w requir been si should i	te d	Coronary Ar	tery Disen	50-	Seve	re 1	Hor	HIL	_ 10	Yes 2. No	3 Prob	bably 4 Unknown
Records,	e law r has be	Completed	Stenosis							24a. Was	psy	prior to co	opsy findings avaitable impletion of cause of
E	: The	S										death? 1 🗌 Yes	2□ No
Vital	sician: The certificate har rector, page	Be	25. Was case referred to medical examiner?	Hospital:				Oth		Death (Check only	one)		
ō	ding Phys	itlon: To	1 Yes 2 No  27. Manny of Death 1 Natural 5 Pending 2 Accident investigat	28a. Date of Inju (Month, Da	iry	28b. Time of Injury		8c. Injun Wor	4 🗀 (40) 3)(1)	Home 5 Res 28d. Describe	dence 6 Oth		( <del>y</del> )
Division		Certification;	3 Suicide 6 Could not determine		ury - At he c. (Specif	ome, farm, str y)	eet, factory	, office			Street and Numb wn, State)	er or Rura	al Route Number,
	To the Hospital or within 24 hours effer to the Funeral Dir.	Medical	29a. Certifier 1 Certifying (Check only one) 2 Medical Ex	Physician: To the basis of and manner st	f examina	wledge, death	vestigation	at the two	pinion, death or	occurred at the time,	date and place,	and due to	itated. o the cause(s)
	To the	Σ	29b. Signature and title of certifier	10	0		290	. Licens	e number		29d. Date signe	d (Month,	Day, Year)
	08		Unuetion N	DAMISON	1	>			5542	,	09.	15	2006
	C By		30. Name and address of person wh	o completed cause of c	leath (Iten	n 23a) (Type,	Print)		6 Milfa			A 41	
	100		Chrism D. Bour	No MOD	elma	ve Hick	lice	5	wite 6	05 >NI	sbury	MD	21804
	Sta Registr		31. Date filed (Month, Day, Year) SEP 18	2006 32. Repistr	ars Signa	S. A	pede	,			,		

			1 - For State Registrar	State of Mai	ryland / Depa <i>Cei</i>	artment of H rtificate of I	lealth and M Death	lental Hyg R	iena 00	6 31121
٢	Dhysisi	om.	1. Decedent's Name (First, Middle, Last	)				2. Date of Dear		3. Time of Death
	Physici /Medi		SHARON	Τ	C	HURCH		SEPT.	15 20	006 1710 ^M
	Examir	ner	4a. Facility Name (If not institution, give				Location of Death		4c. County of	
	Funeral	2.	ATLANTIC GENERA  5. Social Security Number 6. Se	x 7. Age	(In yrs. last birthday)	BERI If Under 1 Year		8. Date of Birth		RCESTER  9. Birthplace (State or Foreign
Ŀ	Director		212-40-8971	□M 2 <b>X</b> F	63 Yrs.	Months Days	Hours Min.	8. Date of Birth (Month, Day, MAR • 24	1943	Country) MARYLAND
	and w		Usual Residence of Decedent  10a. State 10b. County		10c. City, Town or Lo	cation				10d. Inside City Limits
	Many!	io	MARYLAND WORCEST		OCEAN					1 ☐ Yes 2 X No
	r 28s	Director	10e. Street and Number	LIK	OOLAN	10f. Zip Code		1	0g. Citizen of Wh	at Country?
	23a o		12542 FLEETWAY	DRIVE		OCEA	N CITY		USA	
	er dez	Funeral	11. Marital Status	12. Was Decedent Ev Armed Forces?	er in U.S. 13.	Was Decedent of Hi f Yes, specify Cuba	spanic Origin? (Span, Mexican, Puerto	ecify Yes or No- Rican, etc.)		American Indian, White, etc.
36	72 hours after death with the Maryland natural', or Items 23a or 28a-1 show dical Examble invitted at	by F	1 ☐ Never Married 2 X Married 3 ☐ Widowed 4 ☐ Divorced	1 ☐ Yes 2 XNo If Yes, Give Year or Dates:		1□Yes 2X No	Specify:		Specify:	WHITE
21215-0036	72 hou		15. Decedent's Edu (Specify only highest grad	cation	16a. Deced	ient's Usual Occupa	ation		16b. Kind of Busin	
2	ne. han	Completed	Elementary/Secondary (0-12)	College (1-4or 5+)	life. I		turing most of worki	ng		
	Hygie Hygie ther t		17. Father's Name (First, Middle, Last)	2		NURSE	18. Mother's Name	/First Middle N	HEALTH	CARE
Maryland	ild be lental ked o ic eve	To Be	ERNEST	TAYLOR			NEI		MEADE	,
ary	s mar s mar	-	19a. Informant's Name/Relationship (T)			ig Address (Street a	and Number or Rura			
	and 2 ealth m 27 I	9	JAMES BUD CHURCH/	HUSBAND					ITY, MAR	XYLAND 21842
lore	iges 1 if itel		20a. Method of Disposition 1 XBurial 2 ☐ Cremation 3 ☐ F	lemoval from State		natory or other place	9)		20c. Location - Cit	ty or Town, State
Baltimore,	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryian Department of Health and Mental Hygiene. Importent: if Item 27 is marked other than "natural", or Items 23s or 28s-f show any injury or other traumatic event. The Medical Example invitation at ODGe.	1	<ul><li>4 □ Donation 5 □ Other (Specify)</li><li>21. Signature of Funeral Service Licens</li></ul>	99		EMORIAL P  Name and Addres		)/06	BERLIN,	MARYLAND
æ	Departiment Department		1 2/ Bu RS	0. a N			,	ME, SEL	BYVILLE,	DE. 19975
			23a. Part1. Enter the disease, or compl shock, or heart failure. List only of	ications that caused the	ne death. Do not ente	er the mode of dying	g, such as cardiac o	r respiratory arre	est,	Approximate Interval Between
	Physician		Immediate Cause (Final disease or condition	•			disease			Onset and Death
	/Medical Examiner		resulting in death)	Due to (or as a o	consequence of):					
		Jer	if any, leading to immediate	Due to (or as a c	consequence of):					
	cuted hd ransit	amir	cause. Enter Underlying Cause (Disease or injury that initiated events	2,						
60,	be exe cian a ourial-l	ai Ex	resulting in death) Last	Due to (or as a o	consequence of):					
68760,	tificate be executed g physician and as the burial-transit	edicai Examiner		1.						
	h certi		IF FEMALE: 23b. Was decedent pregnant	3c. If yes, outcome of		Esta afa a cara			23d. Date o	of delivery
о. В	w requires that the death cert been signed by the attendin should be detached for use a	Physician/M	in the past 12 months? 1 ☐ Yes 2 No	1 ☐ Live birth 2   4 ☐ Pregnant at tin 9 ☐ Unknown		Ectopic pregnancy Other (specify)			Month	Day Year
<u>q</u>	hat the	Phy	9 ☐ Unknowh  Part II. Other significant conditions con		not reculting in the up	rdorhing aguso glyo	n in Dort I	220 Did tob	and the contribu	uto to the course of death?
Vital Records,	uires t signe Id be o	d by	Tarrit outs significant socialists	iniboting to death but i	iot resolting in the di	idenying cause give	пигаці.			ute to the cause of death?  ☐ Probably 4 ☐Unknown
Ö	s beer s shou	Completed						24a. Was ar		re autopsy findings available
æ	Physicien: The lav this certificate has al director, page 2	mo						autopsy perform	prio dea	r to completion of cause of
/ita	cien: ertifica ector.	Be	25. Was case referred to medical examiner?				26. Place of Death			100 20110
ot	Physi this c	D	1 195 2X NO	28a. Date of Injury	2 ER/Outpatient		4   Nursing Hon		nce 6 Other (	Specify)
O	ding th. After funer	tion	27. Manner of Death  1 Natural 5 Pending 2 Accident investigation	(Month, Day Y	(ear) 28b. Time of Injury	28c. Injury Work M 1 □ Y	at 2 ? ′es 2 ∐ No	.8d. Describe ho	w injury occurred	
Division of	or Attending Phater death. Director: After thin by the funeral	Certification:	3 Suicide 6 Could not be determined	28e. Place of Injury	- At home, farm, stre					or Rural Route Number,
	itel or irs after rel Dir	Cert	- Transition	building, etc. (	эрөспу)			City or Tawn,	, State)	
	To the Hospitel or Attending Physicien: The law requires that the death cert within 24 horors after death.  Within 24 horors after death.  To the Funeural Director: After this certificate has been signed by the attending completely filled in by the funeral director, page 2 should be detached for use.	edicai	29a. Certifier 1 Certifying Phys (Check only 0 Del) 2 Medical Examin	sician: To the best of r ner: On the basis of ex and manner stated	camination and/or inv	occurred at the time estigation, in my op	e, date and place, a inion, death occurre	and due to the ca ad at the time, da	use(s) and manne te and place, and	or as stated. due to the cause(s)
	To the within To the comple	Me	29b. Signature and title of certifier			29c. License		29	d. Date signed (A	Month, Day, Year)
)	08		> (4/11)	(1) Doog	4/20	Do	06 4120		09/	15/2006
(	3		30. Name and address of person who co	h	h (Item 23a) (Type, F	Print) + (ar	tic General	ral Hes	Beali	nMD 21811
	Sta		31. Date filed (Month, Day, Year) SEP 1 8 20	32 Panistrar's	Signature		100(41)00	.,, 0	DOM	
	Registr	ar	2FL T 0 50	UU BRILIA	. It So	ander				

Shardow T Church DuB 5/24/1943

06-06860 David Doby Please Type or Print in Black Indelible Ink

avid Doby	1- For State 9-26-06 Registrar Amend #4a. PerPhys. PGCcCertifi	nent of Health and Mental Hygier cate of Death	
Physician fedical Examine	1. Decedent's Name (First, Middle,Last)	2. Dat	e of Death 3. Time of Death
Coloai Examine	4a. Facility Name (if not institution, give street and number)	4b City, Town, or Location of Death	4c. County of Death
,	Decedents Name (First, Models Last)  Decedents Name (First, Models Last)  Decedents Name (First, Models Last)  Decedents Name (First, Models Last)  Decedents Name (First, Models Last)  Decedents Name (First, Models Last)  Decedents Name (First, Models Last)  Decedents Name (First, Models Last)  Decedents Name (First, Models Last)  Decedents Name (First, Models Last)  Decedents Name (First, Models Last)  Decedents Status  105 Decedents Status  106 City, Town or Location of Decedent  Name (First, Models Last)  Decedents Status  107 Decedents Name (First, Models Last)  Decedents Status  108 Status  109 Decedents Status  109 Decedents Status  109 Decedents Status  100 Decedents Status  100 Decedents Status  100 Decedents Status  100 Decedents Status  100 Decedents Status  100 Decedents Status  100 Decedents Status  100 Decedents Status  100 Decedents Status  100 Decedents Status  100 Decedents Status  100 Decedents Status  100 Decedents Status  100 Decedents Status  100 Decedents Status  100 Decedents Status  100 Decedents Status  100 Decedents Status  100 Decedents Status  100 Decedents Status  100 Decedents Status  100 Decedents Status  100 Decedents Status  100 Decedents Status  100 Decedents Status  100 Decedents Status  100 Decedents Status  100 Decedents Status  100 Decedents Status  100 Decedents Status  100 Decedents Status  100 Decedents Status  100 Decedents Status  100 Decedents Status  100 Decedents Status  100 Decedents Status  100 Decedents Status  100 Decedents Status  100 Decedents Status  100 Decedents Status  100 Decedents Status  100 Decedents Status  100 Decedents Status  100 Decedents Status  100 Decedents Status  100 Decedents Status  100 Decedents Status  100 Decedents Status  100 Decedents Status  100 Decedents Status  100 Decedents Status  100 Decedents Status  100 Decedents Status  100 Decedents Status  100 Decedents Status  100 Decedents Status  100 Decedents Status  100 Decedents Status  100 Decedents Status  100 Decedents Status  100 Decedents Status  100 Decedents Status  100 Decedents		
Funeral Director			
пъ		/n or Location	10d Inside City Limits
daryland 28a-f show any 1 at once.	Maryland Prince George's	Oxon Hill	1 X Yes 2 No
Maryla 28a-f: d at on	10e. Street and Number	10f. Zip Code	10g. Citizen of What Country?
ith the Mary  23a or 28a- notified at c	OZI Harcy Ave., 1112		
ath wi	11. Marital Status 12. Was Decedent Ever in U.S. 12. Was Decedent Ever in U.S. Armed Forces?		
after de		1 Yes 2 No specify:	Specify: Black
hours a			
136 hin 72 e than " sdical l	Elementary/Secondary (0-12) College (1-4 or 5+)	Innitor	Dustrato
215-0036 be filed within 7 ntal Hygiene rked other than ent, the Medica	17. Father's Name (First, Middle, Last)		
2121 2121 suld be fi Mental I marked c event,		Docha M. (	Calvanaugh
Baltimore, MD 21215-0036  permit. Pages I and 2 should be filed within 72 hours after death with the Maryland bepartment of Health and Manheal Hygiem. Propertment of Health and Manheal Hygiem? or items 23a or 28a-f 5the Important. If tiem 27 is marked other than "natural", or items 23a or 28a-f 5the injury or other traumatic event, the Medical Examiner must be notified at once To Re Commissed by Ermoral Director			
re, N	20a. Method of Disposition 20b. Place	e of Disposition (Name of cemetery, Date	20c. Location - City or Town, State
Baltimore, permit. Pages I an Department of Hea Important: If iter	A Ballar 2 Granation o Transvariant out		6 Landover, Md.
Balt Departi Import	21. Signatura of Funeral Service Ligensee	Stew	
Physician		not enter the mode of dying, such as cardiac or respir	atory arrest, shock, or heart Approximate Interval
/Medical	1 1 D :		
Adminer	or condition resulting in death)  Due to (or as a consequence of):		
2	if any leading to immediate Due to (or as a consequence of):		
	Cause Enter Underlying Cause (Ulsease or injury that initiated appens resulting in death) Last Due to (or as a consequence of)		
and transit	dd		
60, ate be executed hysician and burial - transit	XUNPENDED X AMENDED item#1,23a	,27,perME,g860, 10/5/06 TT	
cath certificate eath certificate attending phy for use as the besident.	IF FEMALE: 23c. If yes, outcome of pregnant 23c. If yes, outcome of pregnant 1 Live birth	· · · · · · · · · · · · · · · · · · ·	
Box 6 e death cer the attend ed for use	4 Pregnant at time of death		ai
The d		ing in the underlying cause given in Part I 23	Be Did tobacco use contribute to the cause of death?
ires that the signed by the detacl			1 _Yes 2 _No 3 Probably 4 ✔ Unknown
Division of Vital Records, tal or Attending Physician: The law requires als after death.  In Director: After this certificate has been signed in by the funeral director, page 2 should be partification: To Re Completed.		24	4a. Was an 24b Were autopsy findings available autopsy prior to completion of cause of
Reco		1	performed? death? ✓ Yes 2 No 1 ✓ Yes 2 No
Vital Receivations: The director, page	25 Was case referred to medical examiner?	26 Place of Death (Check only on Outpatient 3 DOA Other Nursing Home	<del></del>
Ing Physic ling Physic After this funeral dir	27 Manner of Death 28a Date of Injury 28b	Salpation 5 2071 4 110 only 110 in	escribe how injury occurred
ion itendin leath tor: A the fu	1 X Natural 5 Pending 2 Accident Investigation	1 Yes 2 No	
Division os spital or Attending tours after death meral Director: After filled in by the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of the funct	3 Suicide 6 Could not be determined (Snecify)		ocation (Street and Number or Rural Route Number, City Town, State)
lospita 4 hours 4 uneral		lasth accurred at the time, date and place, and due to	the appropriate and appropriate design and appropriate design and appropriate design and appropriate design and appropriate design and appropriate design and appropriate design and appropriate design and appropriate design and appropriate design and appropriate design and appropriate design and appropriate design and appropriate design and appropriate design and appropriate design and appropriate design and appropriate design and appropriate design and appropriate design and appropriate design and appropriate design and appropriate design and appropriate design and appropriate design and appropriate design and appropriate design and appropriate design and appropriate design and appropriate design and appropriate design and appropriate design and appropriate design and appropriate design and appropriate design and appropriate design and appropriate design and appropriate design and appropriate design and appropriate design and appropriate design and appropriate design and appropriate design and appropriate design and appropriate design and appropriate design and appropriate design and appropriate design and appropriate design and appropriate design and appropriate design and appropriate design and appropriate design and appropriate design and appropriate design and appropriate design and appropriate design and appropriate design and appropriate design and appropriate design and appropriate design and appropriate design and appropriate design and appropriate design and appropriate design and appropriate design and appropriate design and appropriate design and appropriate design and appropriate design and appropriate design and appropriate design and appropriate design and appropriate design and appropriate design and appropriate design and appropriate design and appropriate design and appropriate design and appropriate design and appropriate design and appropriate design and appropriate design and appropriate design and appropriate design and appropriate design and appropriate design and appropriate design and ap
Division  To the Hospital or Attendant within 24 hours after death  To the Funeral Director: completely filled in by the	one) 2 Medical Examiner: On the basis of examination and/o		
_ = 3 F 8 Q	29b. Signature and title of certifier	29c. License number	29d Date signed (Month, Day, Year)
	Lard Hallen	O.C.M.E.	September 12, 2006
CD	30. Name and address of person who completed cause of death (Item 23a Carol Allan, MD Assistant Medical Examiner 11	) 1 Penn Street, Baltimore, MD 21201	
Stat	g 31. Date filed (Month, Day, Year) 32. Registrar's Signature	lan.	
Registra	SEP 2 6 2006 Steen &		

Division of Vital Records, P.O. Box 68760,

	For State Registrer	State 0	r marylar	Ce	artmen <i>rtificat</i>	e of L	eaith an Death	nd Menta	Reg.		16	3112
	1. Decedent's Name (First, Middle, Las	st)						2. Date Mor	of Death	Day	Year	3. Time of Death
an cai	Anna Mae De	nnis								r'8,20	006	6:42 P
	4a. Facility Name (If not institution, give						Location of E	Death		4c. County		
	Shady Grove Adven  5. Social Security Number 6. S		spital 7. Age (In yrs.	last hirthday)		kvil]	lf Under 24	Hrs   9 Date	of Birth	Monte		
	227-92-9947	□M 20XF	44		Months				nth, Day, Ye	1961	Cou	place (State or Fore ntry) ginia
-	Usual Residence of Decedent  10a. State 10b. County		10c. Ci	ty, Town or Lo	ocation							10d. Inside City Lin
- 1	Maryland Montgom	erv		thersbu								1X Yes 2□
O -	10e. Street and Number				10f. Zir	Code			10g.	Citizen of W	Vhat Cou	ntry?
	19301 Watkin Mill	Road				20886	5		US	A		
ner	11. Marital Status	12. Was Dece Armed Fo	edent Ever in U		Was Dece	dent of Hi	spanic Origin	? (Specify Yes	or No-			can Indian,
F	1 Never Married 2 Married	1 ☐ Yes If Yes, Giv	2 X No		ıı res, spe 1 ☐ Yes		Specify:	Puerto Rican, e	ic.)		k, White, Wh:	
g Q	3 ☐ Widowed 4 ₹ Divorced	Year or D			13.00	-ppo	opeony.		200	Specify		
Completed by Funeral	15. Decedent's Ed (Specify only highest gra	lucation de completed)		16a. Dece	dent's Usu kind of wo DO NOT u	rk done c	lurina most ol	f working	166	. Kind of Bu	ısiness/ln	ndustry
	Elementary/Secondary (0-12)	College (1	-4or 5+)	Homen	_	30 1011100	,			Own I	Home	
a)	12 17. Father's Name (First, Middle, Last)			_ nomen	naker		18. Mother's	Name (First, I	Middle, Maid			
TO B	Ralph Weldon Curt	is				]	Pauline	e Howke				
	19a. Informant's Name/Relationship (7			19b. Mailir	ng Address			or Rural Route		ty or Town,	State, Zij	o Code)
	Richard L. Curtis	/Brothe	r	10207	7 Rod	gers	Rd., 1	Fairfax	, Va.	22030	)	
	20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☐	Domous from		Place of Dispo cemetery, crei	osition (Name	me of other place	e) . C	Date 1.2		Location -	City or To	own, State
	4 □ Donation 5 □ Other (Specify			irfax N	Memor	ial 1	Park 50	ep. 13, 2006	Fa	irfax	Va.	
	21. Signature of Funeral Service Licen	see	7	22	2. Name ar	nd Addres	s of Facility	neral H	ome.	Inc.		
1	nichard Diely	(hold			171 W	. Maj	ole Ave	e., Vie	nna,	Va. 22	2180	
	23a. Part1. Enter the disease, or shock, or heart failure. List	lications that cone cause on e	aused the dea ach line.	th. Do not ent	ter the mod	de of dying	g, such as car	rdiac or respira	itory arrest,			Approximate Interval Between Onset and Death
	Immediate Cause (Final disease or condition	a Respi	ratory	Arrest	t						1	Minutes
	resulting in death)	Due to	or as a consec	quence of);								
er	Sequentially list conditions,		onitis	web a off							I	Days
nine	ri arry, reacting to immediate cause. Enter Underlying Cause (Disease or injury that initiated events				ef oot	_					Ι,	Years
Examin	resulting in death) Last		enesi or as a consec		Liect	а					- 1	lears
dicail		d Diabe	tes Me	11itus							7	Years
led i										I'	- 0	
-	IF FEMALE: 23b. Was decedent pregnant	23c. If yes, out	come of pregn irth 2 ☐ Feta		DEctopic p	rennancy				23d. Date		
Sicis	in the past 12 months? 1 Yes 2 No		ant at time of		Other (sp					Mor	nth	Day Year
Phy	9 Unknown								0:11:			
2	Part II. Other significant conditions on Osteomyelitis, bli	-		-		ause give	en in Part I.	23€		_		he cause of death?
eted ;	- DECOMPCE LEED, DEL			- F				- '	1 ☐ Yes	2 U NO	3   Prot	bably 4 Munkno
Completed								24a	<ul> <li>Was an autopsy performed</li> </ul>	р	Vere auto prior to co leath?	opsy findings availa impletion of cause
								10	Yes 2		Yes	2□ No
00	25. Was case referred to medical examiner?	Hospital:		1		Othe	AC .	Death Check			_	
- T	1 ☑ Yes 2 ☐ No 27. Manner of Death	28a. Date		ER/Outpatier 28b. Time of		JA	4 🔲 (40) 511	ng Home 5		6 □Othe		(y)
盲	1 XNatural 5 ☐ Pending 2 ☐ Accident investigation	(Mont	h, Day Year)	Injury	м .	8c. Injury Work	(? ∕es 2 ∐ No			injury sociality		
lica	3 ☐ Suicide 6 ☐ Could not be	28e. Place	of Injury - At h		reet, factor	y, office					er or Rura	al Route Number,
-	4  Homicide determined		ng, etc. ( <i>Speci</i>					City	or Town, Si	rate)		
Certi		ysicien: To the	best of my kn	owledge, deatl	h occurred	at the tim	e, date and p	place, and due	to the cause	e(s) and mai	nner as s	stated.
ai Certification;	29a. Certifier 17 Certifying Ph		asis of examina	ation and/or in	vestigation	, in my op	nion, death	occurred at the	time, date	and place, a	and due t	o the cause(s)
edicai	one) 2 Medical Exam	and man	ner stated.									
edicai	Check only 2 Medical Exam	and man	ner stated.			c. License		: 7 0	29d.	Date signed	Month,	Day, Year)
edicai	one) 2 Medical Exam	and mane	ner stated.				number 646	79	29d.	Date signed	(Month,	Day, Year)
Medicai	one) 2 Medical Exam	and many	MV)		Print)	000	640	579		9/8	(Month.	Day, Year)

State of Maryland / Department of Health and Mental Hygier 006 1- State Registrar Amend #26 per FH/PHYS 09-19-20 Tificate of Death CNM 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3 Time of Death Sept. 17 Day **Physician** 2006 ar FRANCES BOWMAN DAILEY 2:50 Рм /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Kline Hospice House Mt. Airy Frederick 5. Social Security Number If Under 1 Year | If Under 24 Hrs. 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) July 29, 1932 Birthplace (State or Foreign
Country) **Funeral** Months Days Hours 1 ☐ M 2 🕏 F 179-30-3603 74 Mary land Director Usual Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland pages 1 and 2 should be filed within 72 hours after death with the Maryland pages 1 and 2 should be filed within 72 hours after death with the Maryland in Insperior if item 27 is marked other than "natural" ~ " any filury or other traumatic average. 10c. City, Town or Location 10b Counts 10a State 10d. Inside City Limits 1√2 Yes 2 □ No Director Maryland Frederick Thurmont 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 120 West Main Street Apt. #4 21788 U.S.A. Funeral 12. Was Decedent Ever in U.S. Armed Forces? 1 ☐ Yes 2 전 No If Yes, Give Year or Dates: 14. Race - American Indian, Black, White, etc. 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status 1 Never Married 2 Married 1 ☐ Yes 2 No Completed by Specify: 3 ☐ Widowed 4 ☐ Divorced White 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementary/Secondary (0-12) Coilege (1-4or 5+) Registered Nurse Nursing 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Jacob Martin Bowman Margaret Savilia Smith 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Betty Renner / Niece 7512-A Franklinville Road, Thurmont, MD 21788 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State Smithsburg Crematory 9/19/06 * 4 ☐ Donation 5 ☐ Other (Specify) Smithsburg, Maryland 21. Signatura I Fuz-ral Service Livensee ROBERT E. DALLEY & SON FUNERAL HOMES, 615 EAST MAIN STREET, THURMONT, MD 21788 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final **Physician** disease or condition resulting in death) /Medical Due to (or as Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events Examiner Hospital or Attending Physician: The law requires that the death certificate be executed nding physician and use as the burial-transit resulting in death) Last Due to (or as a consequence of): P.O. Box 68760. Physician/Medical IF FEMALE: 23c. If yes, outcome of pregnancy 23d. Date of delivery 23b. Was decedent pregnant for L 1 Live birth 2 Fetal death 3 Ectopic pregnancy in the past 12 months? Day 4☐Pregnant at time of death 5 Other (specify) ed by the a 9 Unknown signed to Part II. Dther significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? Division of Vital Records, Be Completed by 1 Yes 2 No 3 Probably 4 Unknown page 2 should 24b. Were autopsy findings available prior to completion of cause of death?

1 ☐ Yes 2 ☐ No 24a. Was an autopsy performed2 1 ☐ Yes 2 No director, 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Other: 4 Nursing Home Of Residence 6 KOther (Specifiospice ဥ 1 ☐ Yes 2 ☐ No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 27. Mapmer of Death 28b. Time of 28d. Describe how injury occurred Certification: After 1 Natural 5 Pending 1 ☐ Yes 2 ☐ No investigation death 2 Accident hours after death uneral Director: / 6 Could not be determined 3 🗌 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) ğ 4 \ Homicide within 24 hours a Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

| Medical Examiner: On the basis of examination and or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29a. Certifier To the Func (Check only onel 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 18-00 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) > Frederick MD 21702 ohnson 31. Date filed (Month, Day, Year) State Registrar SEP 1 9 2006

# Please Type or Print in Black Indelible Ink. Ensure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygien 2006

			1 - For State Registrar	State of M	laryland / D	epartment of Certificate o	Health and	Mental Hyo	gien 20 (	36 311	25
	Physici	an	Decedent's Name (First, Middle,	Last)				2. Date of Dea Month	ath Day	3. Time of	Death
	/Medio			JZENT					ber 11 2	2006 7:1	.5P M
	Examir	ier	4a. Facility Name (If not institution,		)		, or Location of Dea	th	4c. County		
			Eden House of 1  5. Social Security Number 6		ge (In yrs. last birth		resda ar If Under 24 Hrs	s. 8. Date of Birtl		gomery	a Counting
	Funeral Director		144.09.0028	1 ☐ M 2 🖸 F		rs. Months Day			y, Year)	Birthplace (State of Country)	r r-oreign
	σ		Usual Residence of Decedent					1100.04	1913	New Jersey	
	inylan thow	_	10a. State 10b. County		10c. City, Town	or Location				10d. Inside Cit	
	Ba-f.	cto	Maryland Montgo	nery	Rockv	ille				1 🗆 Yes	2 🔀 No
	should be filed within 72 hours after death with the Maryland and Manual Hygiene.  marked other than "natural", or Items 23a or 28a-f show marked other than "natural", or Items 23a or 28a-f show marke ovent, ita Medical Exerting manale motillad at	Funeral Director	10e. Street and Number	a. 1		10f. Zip Code			10g. Citizen of V	/hat Country?	
	s 23	era	6050 California	12. Was Decedent	Ever in II C	208		Const. Van as Na	U.S.A.	e - American Indian,	
	iter d	Ę.	11. Marital Status 1 ☐ Never Married 2 ☐ Marrie	Armed Forces	?	<ol> <li>Was Decedent of If Yes, specify C</li> </ol>	r Hispanic Origin? ( uban, Mexican, Puei	rto Rican, etc.)	Blac	ek, White, etc.	
98	urs a	þ	3 ☼ Widowed 4 ☐ Divorced	If Yes, Give Year or Dates:		1 ☐ Yes 2 🛭 N	lo Specify:		Specify	White	
Ď.	72 ho	Completed	15. Decedent's (Specify only highest	Education	16a. I	Decedent's Usual Occ	cupation	rking	16b. Kind of Bu	isiness/Industry	
2	ithin 7	npie	Elementary/Secondary (0-12)	College (1-4or	5+)	Give kind of work do life. DO NOT use ret	•				
2	ygier ygier tt, th	ပ္ပ	12th			Sales Cle				per & Paint	ting
מת	be fill hd ott	0	17. Father's Name (First, Middle, La Wolf Carof	ist)				me (First, Middle,	Maiden Sumam	Θ)	
ž	should nd Men marke umatic	ို	19a. Informant's Name/Relationship	n (Time Brint)	105	AAsilis - Addays (Cha		Davidow	- T		
Ma	d 2 sl th an th an traur		Marla Mitnick/I			Mailing Address (Stre					
Baltimore, Maryland 21215-0036	permit Pages 1 and 2 should be Department of Health and Menta Important: If Item 27 is marked any Injury or other traumatic events.		20a. Method of Disposition	Jaughter	20b. Place of I	07 41st St Disposition (Name of crematory or other p	reer, NW.	Date		City or Town, State	
o E	Pages International		1 ☑ Burial 2 ☐ Cremation 3 4 ☐ Donation 5 ☐ Other (Spe		, ,	crematory or other p		13/2006	01 nov	Maryland	
票	artin Sortar Injur		21. Signature of Funeral Service Lie							Haryrand	
ñ	Ded in a		None A	Versen	T.	22. Name and Add HINES-RIN. 111800 New	ALDI FUNE Hampshir	RAL HOME,	INC.	ring, MD 2	000%
П			23a. Part1. Enter the disease, or co shock, or heart failure. List or	omplications that cause	d the death. Do no	ot enter the mode of d	ying, such as cardia	c or respiratory an	rest,	Approximate Interval Betw	9
	Physician		Immediate Cause (Final disease or condition			oma of Uncer				Onset and D	Death
	/Medical		resulting in death)		a consequence of		carii iiimai	y			
Н	Examiner		Sequentially list conditions,	b							
	si ed	ine	if any, teading to immediate cause. Enter Underlying Cause (Disease or injury	Due to (or as	t a consequence of	).					
•	and al-trar	Examiner	that initiated events resulting in death) Last	c. Due to (or as	a consequence of	);					
/60,	death certificate be executed ettending physicien and dror use as the burial-transit	calE			·						
89	ificate g phy as the			0.							
X R O	leath certifical ettending phy I for use as th	N/N	IF FEMALE: 23b. Was decedent pregnant	23c. If yes, outcome					23d. Date	e of delivery	
		by Physician/Med	in the past 12 months? 1 ☐ Yes 2 ☑ No	4☐Pregnant a	2 ☐ Fetal death It time of death	3 ☐ Ectopic pregnar 5 ☐ Other (specify)			Mor	nth Day Y	'ear
j.	requires that the de een signed by the e hould be detached t	hys	9 🗌 Unknown	9□ Unknown							
- Ś	as the	by F	Part II. Other significant conditions	s contributing to death t	out not resulting in t	he underlying cause	given in Part I.	23e. Did to	bacco use contr	ibute to the cause of de	eath?
ecords,	w require been sign should b	ted	Renal Failure					1 🗆 Y	es 2 🖾 No	3 ☐ Probably 4 ☐U	Inknown
ပ္မ		ompieted	Anemia					24a. Was a	sv p	Vere autopsy findings a rior to completion of ca	available ause of
	: The cate h	Con						perfor 1 ☐ Yes	med? d	eath? □ Yes 2□ No	
Vital	ysician: The law iis certificate hes I director, page 2 s	Be	25. Was case referred to medical examiner?	Hospitali				ath Check only or			
0	> 0 0	5	1 ☐ Yes 2 ☒ No  27. Manner of Death	Hospital: 1 Inpati		atient 3 DOA	aner: 4 ☑ Nursing I			er (Specify)Group	Home
<u>_</u>	ding Ph h. After th funeral	tion	1 ☑Natural 5 ☐ Pending	28a. Date of Inju (Month, Da	ury 28b. Tir uy Year) lnj	ury W	ork? □Yes 2□No	28d. Describe h	ow injury occurre	30	
2	r Attending er death. rector; After by the fune	fica	3 ☐ Suicide 6 ☐ Could no	t be 200 tills a of in	iury - At home, farn	n, street, factory, offic		28f. Location (S	treet and Numbe	er or Rural Route Numb	her
2	spital or / ours efter neral Dire filled in b	Certification:	4  Homicide determine	ouilfing, e	ic. (Specify)	., 5., 55, 145, 57, 51115		City or Town		, or ristar riosto rostilo	Jui,
	Nospital or Attend 124 hours effer death Se Funeral Director; A		29a. Certifier 1 Certifying	Rhysician: To he best	of my knowledge,	death occurred at the	time, date and place	e, and due to the c	ause(s) and mar	nner as stated.	
	To the Hos within 24 h To the Fun completely	edicai	(Check only 2 Medical Ex	and manner st	or examination and	or investigation, in my	opinion, death occi	urred at the time, d	late and place, a	nd due to the cause(s)	
	To the within 2. To the complet	Σ	29b. Signature and title of certifier	// //		29c. Lice	nse number	2	29d. Date signed	(Month, Day, Year)	
	12		<b>)</b> (///	X//		D16	495		Septemb	er 12, 200	)6
	1		30. Name and address of person wh	. /							
177			Joel Goozh, MD,				#401, Be	thesda, N	Maryland	20817	
4	Sta	te	CED 1		rar's Signature	brack					

			1 - For State Registrar	State of Maryland / Dep	partment of Health and I	Reg	2006	31126
	Physici		1. Decedent's Name (First, Middle, Last)  Margaret Ann I			2. Date of Death Month September	Day Year 5 2006	3. Time of Death
	/Medic Examin	- 4	4a. Facility Name (If not institution, give s		4b. City, Town, or Location of Death		4c. County of Death	
		7/3	Prince George	's Hospital	Cheverly		Prince	George's
4.	, Funeral		Social Security Number     6. Sex	7.4. X	y) If Under 1 Year If Under 24 Hrs. Months Days Hours Min.	B. Date of Birth (Month, Day, Ye		place (State or Foreign intry)
	Director		3//-/4-9010	51 Yrs.		Oct. 16,		sh., DC
	and w		Usual Residence of Decedent  10a. State 10b. County	10c. City, Town or	Location			10d. Inside City Limits
	Aaryli Fsho	ō	,					1∭Yes 2 No
	28a-	Director	DC  10e, Street and Number		Washing 101. Zip Code		. Citizen of What Cou	intry?
	with Sa or		5051 Jay St.	, NE #201	20019	1.59	United	
	Jeath Trans	Funerai			B. Was Decedent of Hispanic Origin? (S If Yes, specify Cuban, Mexican, Puerl	pecify Yes or No-	14. Race - Amer	ican Indian,
Maryland 21215-0036	2 should be filed within 72 hours after death with the Maryland and Mental Hygiene. is marked other than "natural", or Items 23a or 28a-f show aumatic event, Ire Modical Experimenting be notified at	by	1 Never Married 2 Married 3 Widowed 4 M Divorced	Armed Forces? 1  ☐ Yes 2  MNo If Yes, Give Year or Dates:	If Yes, specify Cuban, Mexican, Puerli 1 ☐ Yes 2 【 No Specify:	o Rican, etc.)	Black, White	, etc. Black
Ŏ	72 ho	Completed	15. Decedent's Edu (Specify only highest grade	cation 16a. Dec	edent's Usual Occupation ye kind of work done during most of work	16	b. Kind of Business/li	ndustry
2	e.	npie	Elementary/Secondary (0-12)	College (1-4or 5+)	DO NOT use retired)	Kiirg		
2	ygien ygien t, the	ပ္ပ	8th		Housewife		Privat	e
n	be fill H d oth	Be	17. Father's Name (First, Middle, Last)		18. Mother's Nar	ne (First, Middle, Mai	•	
3	should bund Ment s marked umatic a	၉	Roy Featherst				or Grigsb	
ā	ges 1 and 2 should t of Health and Men If Item 27 is marke or other traumatic		19a. Informant's Name/Relationship (Ty		iling Address (Street and Number or Ru			p Code)
	1 and Healt em 2	1	Antoine N. Feathe	20b. Place of Dis	510 Venton Place, position (Name of	Lanham, M	D 20706 c. Location - City or T	own. State
Baltimore,	ages nt of t: # it		1 ☐ Burial 2 🕅 Cremation 3 ☐ R	Removal from State	rematory or other place)	6/2006		
Ξ	nit. P artme ortan injury		4 ☐ Donation 5 ☐ Other (Specify)  21. Signature of Funeral Service License		22. Name and Address of Facility		Clinton Funeral Ho	
<u> </u>	permit. Pages 1 and 2 Department of Health a Important: if Item 27 is any injury or other tra once.		I shu T.	Stewart III	4001 Benning I	Rd., NE W	ash., DC	20019
* 31°				ications that caused the death. Do not ene cause on each line.			7	Approximate Interval Between Onset and Death
100	Physician		Immediate Cause (Final disease or condition resulting in death)	a/	C ARRHYTHMI	A		
	/Medical Examiner		Tosuming wiredumy	Due to (or as a consequence of):				
i,		6		Due to (or as a consequence of).				
	nsit	nin	in any, leading to immediate cause. Enter Underlying Cause (Disease or injury	, , , , , , , , , , , , , , , , , , , ,				
	execu n and ial-tra	Examiner	that initiated events resulting in death) Last	Due to (or as a consequence of):				
68760,	ificate be executed g physician and as the burial-transit	edical		d.				
	= one	ledi		X-10-10-10-10-10-10-10-10-10-10-10-10-10-			I I	
Box	eath certi attending I for use a	an/N	230. Was decedent pregnant	23c. If yes, outcome of pregnancy 1 Live birth 2 Fetal death 3	DEctopic pregnancy		23d. Date of deliv	
о. П	Attending Physicien: The law requires that the death cert refeath.  •ctor: After this certificate has been signed by the attendin by the funeral director, page 2 should be detached for use.	Physician/M	in the past 12 months? 1 ☐ Yes 2 💆 No 9 ☐ Unknown		Other (specify)		Month	Day Year
σ. σ	s that	by Pi	Part II. Other significant conditions con	ntributing to death but not resulting in the	underlying cause given in Part I.	23e. Did tobac	cco use contribute to	the cause of death?
ī	quire en sig ruld b	edt				1 🗆 Yes	2 No 3 Pro	bably 4 Munknown
000	aw re	piet	·			24a. Was an	24b. Were aut	opsy findings available
Ĕ	The fav	Completed				autopsy performe 1 ☐ Yes 2 🔀	d? death?	ompletion of cause of
<u>ta</u>	ian: ortifica ctor, j	BeC	25. Was case referred to medical examiner?		26. Place of Dea	ath (Check only one)		
Ž	hysic his ce I dire	2	1 ☐ Yes 2 🔀 No	Hospital: 1 ☐ Inpatient 2 KER/Outpati		lome 5 Residenc	e 6 □Other (Spec	ify)
0	ng Pl		27. Manner of Death 1   Natural 5 □ Pending	28a. Date of Injury (Month, Day Year) 28b. Time Injury	of 28c. Injury at Work?	28d. Describe how		
sio	tendi leath. tor: A	cati	2 Accident investigation 3 Suicide 6 Could not be		M 1 Yes 2 No			
Division of Vital Records, P.O.	al or At s after c if Direct d in by	Certification;	4 Homicide determined	28e. Place of Injury - At home, farm, building, etc. (Specify)	street, factory, office	City or Town, S	et and Number or Rui State)	ral Houte Number,
	To the Hospital or Attending Physician: The I within 24 hours after death.  To the Funeral Director: After this certificate his completely filled in by the funeral director, page	Medical C	29a. Certifier 1 Certifying Physic (Check only one)	sician: To the best of my knowledge, de ner: On the basis of examination and/or /and manner stated.	ath occurred at the time, date and place investigation, in my opinion, death occu	, and due to the caus irred at the time, date	e(s) and manner as and place, and due	stated. to the cause(s)
	To the within 2 To the complet	Me	29b. Signature and title of certifier	/	29c. License number		. Date signed (Month	
	- > - 0		<b>→</b> ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓	1/L	258591		9-6-06	/ 2
P	-(2)		30. Name and dress of person who co	completed cause of death (Item 23a) (Typ	e, Print)	HEVERLY	MD 201	185
	Sta	te ·	31. Date filed (Morth, Day, Year)	2. Registrar's Signature		-/		-
×	Registi	Section 1	SEP 1 8 2006	300/ Hosh	ali)			

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** Year LOIS CAMELIA FLESHMON Sept.15,2006 2:42 P M /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death PRINCE GEORGE'S Examiner CLINTON SOUTHERN MARYLAND HOSPITAL If Under 1 Year II Under 24 Hrs.

Months Days Hours Min. 5. Social Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month Day Year) 01-03-1936 9. Birthplace (State or Foreign **Funeral** 1 M 2 3 F 518-54-6167 Culpeper, VA. Director 70 Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits r then "natural", or Items 23a or 28e-f ehow the Medical Exeminer must be putified at †Ares 2 □ No Suitland Maryland Prince George's Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? U.S.A. 20746 3615 Silver Park Drive #204 filed within 72 hours after death Funerai 12. Was Decedent Ever in U.S. Armed Forces?
1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 Never Married 2 Married Baltimore, Maryland 21215-0036 1 ☐ Yes 2 ₭ No Black þ Specify. Specify: 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) 12th College (1-4or 5+) Federal Government permit. Pages 1 and 2 should be filed w Department of Health and Mental Hygies Important: If item 27 ie marked other then yinjury or other treumatic event, ILLA QUCE. +04 Manager 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Stella H. Hairston Harvey Fleshmon 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State Zip Code)
238 Beck Farm Road Centerville, MD 21617 19a. Informant's Name/Relationship (Type, Print) 238 Beck Farm Road Bonnie Simms/guardian 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 09-21-2006 Culpeper, Virginia 4 ☐ Donation 5 ☐ Other (Specify) Fairview Cemetery 21. Signature of Funeral Service Licensee 22. Name and Address of Facility MO 1374 Cedar Hill FH 4111 PA Ave. Suitland,MD 20746 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) Physician a Known /Medical Due to (or as a consequence of) Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Dualto for as a consequence offi Examine ate has been signed by the attending physician and page 2 should be detached for use as the burial-transit To the Hospitel or Attending Physicien: The law requires thet the death certificate be executed Due to (or as a consequence of) Division of Vital Records, P.O. Box 68760, Physician/Medical IF FEMALE: 23c. If yes, outcome of pregnancy 1 ☐ Live birth 2 ☐ Fetal dea 23d. Date of delivery 23b. Was decedent pregnant 2 Fetal death 3 Ectopic pregnancy in the past 12 months? 1 ☐ Yes 2 ☑ No Month Day Year 4□Pregnant at time of death 5 Other (specify) 9 Unknown 9 Unknown Part II. Other significant conditions contributing to death burnot resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? δ 3 Probably 4 Dunknown 1 ☐ Yes 2 No Completed 24a. Was an autopsy performed? 24b. Were autopsy lindings available prior to completion of cause of death?

1 Yes 2 No 1 Yes 2 No 25. Was case relerred to medical examiner? Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: မ 1 Tes 2 No 1 Inpatient 2 ☐ ER/Outpatient 3 DOA this 27. Manne of Death 28c. Injury at Work? 28a. Date of Injury (Month, Day Year) 28b. Time of Certification; 28d. Describe how injury occurred After 5 Pending Injury death. 1 ☐ Yes 2 ☐ No Director: / 2 Accident investigation 3 Suicide 6 Could not be 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, State) 4 🗌 Homicide within 24 hours after To the Funeral Dire filled in Medical 29a. Certifier 1 Certifying Physicien: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signature and title of 29c. License number 30. Name and address ed cause of death (Item 23a) (Type, Print) 9801 31. Date filed (Mon) 32. Registrar's Signatur Day State 8 2006 Registrar

	1 - For State of Maryland / Department of State of Maryland / Department of Certificate of Maryland / Department of Certificate of Maryland / Department of Certificate of Maryland / Department of Certificate of Maryland / Department of Certificate of Maryland / Department of Certificate of Maryland / Department of Certificate of Maryland / Department of Certificate of Maryland / Department of Certificate of Maryland / Department of Certificate of Maryland / Department of Certificate of Maryland / Department of Certificate of Maryland / Department of Certificate of Maryland / Department of Certificate of Maryland / Department of Certificate of Maryland / Department of Certificate of Maryland / Department of Certificate of Maryland / Department of Certificate of Certificate of Certificate of Certificate of Certificate of Certificate of Certificate of Certificate of Certificate of Certificate of Certificate of Certificate of Certificate of Certificate of Certificate of Certificate of Certificate of Certificate of Certificate of Certificate of Certificate of Certificate of Certificate of Certificate of Certificate of Certificate of Certificate of Certificate of Certificate of Certificate of Certificate of Certificate of Certificate of Certificate of Certificate of Certificate of Certificate of Certificate of Certificate of Certificate of Certificate of Certificate of Certificate of Certificate of Certificate of Certificate of Certificate of Certificate of Certificate of Certificate of Certificate of Certificate of Certificate of Certificate of Certificate of Certificate of Certificate of Certificate of Certificate of Certificate of Certificate of Certificate of Certificate of Certificate of Certificate of Certificate of Certificate of Certificate of Certificate of Certificate of Certificate of Certificate of Certificate of Certificate of Certificate of Certificate of Certificate of Certificate of Certificate of Certificate of Certificate of Certificate of Certificate of Certificate of Certificate of Certificate of		28
Physician	1. Decedent's Name (First, Middle, Last)  2.624ND WILMER FORD	2. Date of Death Month Day September 16 2006 3:50 A	
/Medica Examine	4a. Fecility Name (If not institution, give street and number)  4b. City, Tow	own, or Location of Death  Ac. County of Death  Wicomico	
Funeral Director	5. Social Security Number 6. Sex 1 Age (In yrs. last birthday) If Under 1 Y Months D		oreign
Aaryland I show	Usual Residence of Decedent  10a. State 10b. County 10c. City, Town or Location  MD NICOMICO SAUS BURY	10d. Inside City t 1.⊠Yes 2	
with the Mar a or 28a-f sl	10e. Street and Number 10f. Zip Co	ode 10g. Citizen of What Country?	
ite; INICAL Y ICALICATION SOLD SOLD SOLD SOLD SOLD SOLD SOLD SOLD	11. Marital Status  12. Was Decedent Ever in U.S. Armed Forces?  1 Never Married 2 Married  12. Was Decedent Ever in U.S. Armed Forces? 1 Ses 2 No	nt of Hispanic Origin? (Specify Yes or No- or Cuban, Mexican, Puerto Rican, etc.)  14. Race - American Indian, Black, White, etc.	
ed within 72 hou ygiene. The Than "natura". It, the Medical E.	15. Decedent's Education (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4or 5+)	done during most of working retired)	
should be filed of Mental Hyge marked other umatic evant.	17. Father's Name (First, Middle, Last)	18. Mother's Name (First, Middle, Maiden Sumame)  CETTODE CWENS	
and 2 sho ealth and ? m 27 is me her traume	19a. Informant's Name/Relationship (Type, Print)  19b. Mailing Address (St. Mary C. Ford Douchter 1161 Tuguno		
Page nent o	20a. Method of Disposition 1 □ Burial 2 □ Cremation 3 □ Removal from State  '4 □ Donation 5 □ Other (Specify)  Turk: Cremation 1 □ Cremation 2 □ Cremation 3 □ Removal from State	ry 9-22-06 Nanticoke MD	
permit. Departr importu any inji	MESSIC	Address of Facility LK FUNETAL HOME PO BOX 6/ LLY MD 'ZLY LY  of dying, such as cardiac or respiratory arrest.  Approximate	
Physician (to be executed which is purial-transit partial frame).	shock, or heart failure. List only one caure on each line.  Immediate Cause (Final disease or condition resulting in death)  a. Due to (or as a consequence of):  b. Due to (or as a consequence of):  b. Due to (or as a consequence of):  cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  C. Due to (or as a consequence of):	Interval Betwee Onset and Dear Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer Transfer	an ith
To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours after death.  To the Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be detached for use as the burial-transit Medical Certification: To Be Completed by Physician/Medical Examin	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 □ Yes 2 □ No 9 □ Unknown  23c. If yes, outcome of pregnancy 1 □ Live birth 2 □ Fetal death 3 □ Ectopic pregnancy 4 □ Pregnant at time of death 5 □ Other (specific prediction of the prognancy of the pregnancy of the		ır
quires that an signed by uld be deta	Part in Other significant conditions continuously to death but not resulting in the disdenying caus	se given in Part I. 23e. Did tobacco use contribute to the cause of deat	
The law requir	DEMENTIA	24a. Was an autopsy performed?  1 Yes 2 No 1 Yes 2 No	ulable se of
Physician: This certifica	examiner?  1   Yes   2   No	26. Place of Death (Check only one) Other: 4 ursing Home 5 Residence 6 Other (Specify)	
To the Hospital or Attending P Within 24 hours after death. To the Funeral Director: After completely filled in by the funeral Medical Contification:	27. Manner of Death 1 Natural 2 Accident 3 Suicide 4 Homicide  28a. Date of Injury (Month, Day Year)  28b. Time of Injury M  28c. Time of Injury M  28c. Place of Injury - At home, farm, street, factory, of building, etc. (Specify)	. Injury at Work?  1 □ Yes 2 □ No  28f. Describe how injury occurred  28f. Location (Street and Number or Rural Route Number City or Town, State)	r,
he Hospital in 24 hours a the Funeral Epletely filled in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional Column in Adional C	LU	the time, date and place, and due to the cause(s) and manner as stated.  my opinion, death occurred at the time, date and place, and due to the cause(s)	
To the comple	29b. Signature and title of certifier  29c. Li	icense number 29d. Date signed (Month, Day, Year) -0060515 9//8/06	
977×	30. Name and address of person who completed cause of death (Item 23a) (Type, Print)  Maesha Thimmarayappa, MD 614 Easternshore I	Drive, Salisbury, MD 21804	
State Registra			

DHMH 17 Rev 1/2001

ORIGINAL

Please Type or Print in Black Indelible Ink. Ensure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygienes Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death 10 77 M Physician Month Day GRANT WARREN SEPTEMBER 8 2006 /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 8435 HAMLIN STREET LANHAM PRINCE GEORGE'S 5. Social Security Number 7. Age (In yrs. last birthday) If Under 1 Year Months Days If Under 24 Hrs. 8. Date of Birth (Month, Day, 9. Birthplace (State or Foreign **Funeral** Months Year 1⊠M 2□F Hours 84 Director 579-36-6235 MARCH 14 1922 MARYLAND Usual Residence of Decedent with the Maryland 10c. City, Town or Location 10a. State 10b. County Fair, or items 23a or 28a-f show Exer, by armust be notified at 10d. Inside City Limits MD PRINCE GEORGE'S LANHAM 1X Yes 2 No Direct 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 8435 HAMLIN STREET 20706 U.S.A. filed within 72 hours after death Funeral 12. Was Decedent Ever in U.S. Armed Forces? 1 X Yes 2 □ No ARM 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian. 11. Marital Status Black, White, etc. 1 Never Married 2 Married Baltimore, Maryland 21215-0036 1 ☐ Yes 2 ☐ No þ If Yes, Give Year or Dates: Specify: BLACK Specify: 3 Widowed 4 Noivorced "naturai" Completed The Medical 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) PRIVATE 12th VEHICLE OPERATOR i. Pages 1 and 2 should be filed withent of Health and Mental Hygie trant: If Item 27 is marked other to jury or other traumatic event, IL. other 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be MARY REV. EDWARD GRANT BETHEA 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6304 DOWER VILLAGE LANE UPPER MARLBORO, MD 20772 MARY L DUNCAN/SISTER 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State permit. Page Department o important: If any injury or once. 1 ⊠ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 □ Donation 5 □ Other (Specify) MARYLAND VETERANS 9/20/2006 CHELTENHAM, MARYLAND 21. Signature of Funeral Service Licensee 22. Name and Address of Facility J. B. JENKINS FUNERAL HOME 7474 LANDOVER ROAD LANDOVER, MARYLAND 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Immediate Cause (Final disease or condition resulting in death) Anterioscherotte typertenine Hent Dis **Physician** /Medical Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of) Examine The law requires that the death certificate be executed burial-transit Due to (or as a consequence of): Physician/Medical she en use as attending p IF FEMALE: 23c. If yes, outcome of pregnancy 1 ☐ Live birth 2 ☐ Fetal dea 23b. Was decedent pregnant 23d. Date of delivery 2 Fetal death 3 Ectopic pregnancy in the past 12 months? 1 ☐ Yes 2 ☐ No Month 4☐Pregnant at time of death Day Year 5 Other (specify) ed by the a o. 9□ Unknown 9 Unknown ۵. signed t Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? Records, þ 1 ☐ Yes 2 ☐ No 3 Probably 4 ∃Unknown Completed 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an page 2 s has autopsy performed 1 ☐ Yes 2% No of Vital 1 Yes 2 No Be 25. Was case referred to medical 26. Place of Death | Check only one) Hospital: 1 ☐ Inpatient Other: 4 Nursing Home 5 Residence 6 Other (Specify) ٩ 1 Yes 2 No 2 ER/Outpatient 3 DOA this After this Certification: 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Division or Attending Injury 1 Natural 5 Pending death. investigation 1 ☐ Yes 2 ☐ No neral Director: , filled in by the f 2 Accident 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide To the Hospital within 24 hours a. Hospital 29a. Certifier 1 Certifying Physician: To the best of my knowledge is set occurred at the time, date and place, and due to the dauge(s) and marrier as stated. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated 29b. Signature and title of certifier 29d. Date signed (Month, Day, Year) 14005 30 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

DHMH 17 Rev 1/2001

State

Registrar

Drive

آکرے

31. Date filed (Month, Day, Year)

SEP 1 5 2006

7001

2. Registrar's Signature

			1 - For State Registrar	State of M	farylan		artmen rtificat					Reg. No	ZUU	6	31130
	Physici	an	Decedent's Name (First, Middle, La								2. Date of De Month	Da		ear	3. Time of Death
	/Media	cal	Diane J.  4a. Facility Name (If not institution, given		reen		4h Cib	T	Location	of Dooth	Septe		County of		2:45 PM
	Examir	ier	4a. Facility Name (If not institution, grid		7)		46. City,		larks		Le	40	. County of	How	ard
	Euporal				ge (In yrs.	last birthday)	If Under	1 Year	If Under	24 Hrs.	8 Date of Bir	rth .	9		
	Director			1 □ M 2 <b>X</b> □ F	77	Yrs.	Months	Days	Hours	Min.	Jan. 6	y, Year, 19	29	Coynt Indi	ace (State or Foreign ry) ana
	<b>P</b>		Usual Residence of Decedent		1										
	anyla •hov	-	10a. State 10b. County		Tue. City	y, Town or Lo								10	d. Inside City Limits 1 ☐ Yes 2 No
	Ne M	ecto	Maryland  10e. Street and Number	Howard		C.	larks		e			10= 0	6:4.14 <i>l</i> l-		
	with with	Funeral Director	Toe. Street and Number				TOI. ZIP					iog. Ci	tizen of Wh	at Count	ry :
	ne 23	era	6958 Westcott P	12. Was Deceden		S. 13.	Was Deced		1029 ispanic Ori	igin? (Sp	ecify Yes or No Rican, etc.)	o-	14. Race -	SA America	ın Indian,
ထ	or ite	Fur	1 ☐ Never Married 2 2 Married	Armed Forces							Rican, etc.)		Black, Specify.W	White, e	
8	rei', c	d by	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Year or Dates	:		1 🗆 Yes	214 No	Ѕреслу:				Specify!	III CE	
5	natu	Completed	15. Decedent's E (Specify only highest gr	ducation ade completed)		16a. Dece (Give	dent's Usua kind of wo DO NOT us	al Occupa rk done d	ation during mos	t of work	ing	16b. H	(ind of Busin	ness/Indu	ustry
12	then then	mp	Elementary/Secondary (0-12)	College (1-4or	r 5+)	life.			, aker				O747	n Ho	mΔ
d 2	Hygid Hygid The		17. Father's Name (First, Middle, Lasi	<u> </u>						er's Nam	e (First, Middle	, Maidei			
an	id be ental ked c	To Be	Gaither Taylor								rison				
ary	shour and M mar	-	19a. Informant's Name/Relationship	(Type, Print)		19b. Maili	ng Address	(Street a	and Numbe	er or Rur	al Route Numb	er, City	or Town, Sta	ate, Zip (	Code)
Š	and 2 naith a 127 ic		Edward H. Green/	Husband		6958	B Wes	tcot	t Pla	ice,	Clarks	vill	e, MD	210	29
ore	2 2 2 2 V		20a. Method of Disposition 1 X Burial 2 Cremation 3	TRamoval from State		lace of Dispo emetery, crea			e) c	Sept.	Date 15,		ocation - Ci	•	
Ĕ			4 □Donation 5 □Other (Speci		Parl	klawn Me			2	_	2006				ryland
Bal	permit Depar impor eny in		21. Signature of Funeral Service Lice	Ocoley		F.	ranci 00 Un	g Addres iver	sity	ins Blvd	Funeral	l Ho ilve	me Ind	c. ing,	MD 20901
ı	To the Hospital or Attending Physicien: The law requires that the death certificate be executed within 24 hours after death.  To the Hospital or Attending Physicien: The law requires that the death certificate be executed within 24 hours after death.  To the Funeral Director: After this certificate has been signed by the attending physicien and completely filled in by the funeral director, page 2 should be detached for use as the buriat-transit on the requirement of the signed by the funeral director. The funeral director has been signed by the attending physicien and completely filled in by the funeral director, page 2 should be detached for use as the buriat-transit.		23a. Part1. Enter the disease, or con shock, or heart failure. List only	plications that cause on each	ed the death line.	. Do not ent	er the mod	e of dyin	g, such as	cardiac	or respiratory a	ırrest,			Approximate Interval Between
			Immediate Cause (Final disease or condition	a Bladder	Carc	inoma								1	Onset and Death One Year
			resulting in death)	Due to (or a											
		je.	Sequentially list conditions,	b Due to (or a	s a consequ	vence of								-	
	uted 1 Insit	Examine	Sequentially list conditions, any leading 1 mmodule cause. Enter Underlying Cause (Disease or injury that initiated events												
ó	exect an and rial-tra	Еха	resulting in death) Last	c. Due to (or a	s a consequ	uence of):									
8760,	ysicie	lical		_ d.											
9	ntifica ing ph	Med	IF FEMALE:									- 1		-	
Вох	ath ce ttendi or use	Physician/Med	23b. Was decedent pregnant in the past 12 months?	23c. If yes, outcom 1☐Live birth	2 Fetal	death 3	Ectopic pr					0	23d. Date of		y Day Year
	the a	ysic	1 ☐ Yes 2 ☐No 9 ☐ Unknown	4☐ Pregnant : 9☐ Unknown	at time of de	eath 5□	Other (sp	ecify)					WOTE .	-	7 1 0 u
P.0	that the ed by detac		Part II. Other significant conditions	contributing to death	but not resu	ulting in the u	nderlying c	ause give	en in Part I		23e. Did 1	tobacco	use contribu	ite to the	cause of death?
Sp.	uires sign	d by									1 🗆	Yes 2	□No 3	☐ Proba	bly 4 🗷 Unknown
S	w req	Completed									24a. Was	an	24b. We	re autop	sy findings available
æ	The la te had age 2	E E										ormed?	prid	r to com th?	pletion of cause of ⊇□ No
ita	ien: '	O	25. Was case referred to medical						26. Place	of Deat	1 ☐ Yes h (Check only o			Yes 2	2 LI NO
<b>_</b>	nysici nis ce i direc	To B	examiner? 1 ☐ Yes 2 ② No	Hospital: 1 _ Inpat	ient 2	ER/Outpatier	nt 3□ DC	Othe	ar.		me 5 🖾 Resi		6 Other	(Specify)	
n of	a fee		27. Manner of Death  XXNatural 5 ☐ Pending	28a. Date of In (Month, D	jury ay Year)	28b. Time of Injury	2	8c. Injury Work	at c?		28d. Describe	how inju	ry occurred		
sio	tendi death. tor: A the fu	cati	2 Accident investigation 3 Suicide 6 Could not be				М		Yes 2 🗌	-		-			
Division	o tra	Certification:	4 Homicide determined	28e. Place of It	njury - At ho etc. <i>(Specif</i> y	me, farm, str /)	eet, factory	, office			28f. Location ( City or To			or Rural	Route Number,
_	hours ineral	aiC	29a Certifier Lia Contituing P	hydicien. To the bes	t of my kno	władge desti	n consumed	at the thr	ne data an	d place	and due to the	caueu(e	) and make	ur ac eta	fud.
	he Hk in 24   he Fu pletely	edicai	(Check only 2 Medical Brd	miner: On the basis and manner s	of examinal	tion and/or in	vestigation	, in my op	oinion, dea	th occur	red at the time,	date an	d place, and	due to t	the cause(s)
	To t withi To tl	ž	29b. Signature and title of certifier				290		number				ite signed (/		
)	20			/	_			DO	05916			S	epteml	oer	12, 2006
	V		30. Name and address of person who Roberto Pili, M.					- T	401 ×	T 10-		T) - '	1 & d		WD 01001
			31. Date filed (Month, Day, Year)		trar's Signa			а.,	4UI N	. Br	oadway	, ва.	TCIMOI	e, I	MD 21231
	Registi		SEP 13 2		a l	E GO	and I								

State of Maryland / Department of Health and Mental Hygiene 0 0 6 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month Year **Physician** SEPTEMBER 12 11:47 CHARLES ANTHONY GEORGE SR. 2006 /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner ANNE ARUNDEL MEDICAL CENTER ANNAPOLIS ANNE ARUNDEL If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1 X M 2 □ F Yrs. Director 73 216-28-7541 09/09/1933 MD Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits or 28a-f show r then "natural", or items 23a or 28a-f ehor the Medical Examiner wast be notified at 1 Yes 2 No MD QUEEN ANNE'S CHESTER Direct 10e. Street and Number 10f. Zip Code 10g, Citizen of What Country? 4 238 r 1735 HARBOR DRIVE death 21619 USA Funeral 12. Was Decedent Ever in U.S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, 11. Marital Status Black, White, etc. filed within 72 hours after 1 XYes 2 No If Yes, Give Year or Dates: 1996 1 Never Married 2 Married Baltimore, Maryland 21215-0036 1 Yes 2 No Specify: ģ 3 Widowed 4 Divorced WHITE 1996 Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) POLICE OFFICER LAW ENFORCEMENT permit. Pages 1 and 2 should be filed w Department of Health and Mental Hygie Important: if Item 27 Ie marked other to any injury or other traumatic event, in once. 18. Mother's Name (First, Middle, Maiden Surname) 17. Father's Name (First, Middle, Last) Be FREDERICK J. GEORGE THERESA G. BAUMGARTNER 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1735 HARBOR DRIVE, CHESTER, MD 21619 TRUDY GEORGE / SPOUSE 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 4 ☐ Donation 5 ☐ Other (Specify) DULANEY VALLEY 09/18/2006 TIMONIUM, MD 21. Signature of profat Service Licensee 22. Name and Address of Facil
FELLOWS, HELFEN FELLOWS, HELFENBEIN & NEWNAM FUNERAL HOME, P.A. 106 SHAMROCK RD., CHESTER, MD 21619 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) **Physician** under /Medical as a consequence of Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a go sequence of) Examine To the Hospital or Attending Physicien: The law requires that the death certificate be executed Due to (or as a consequence of) Box 68760. Physician/Medical IF FEMALE: 23c. If yes, outcome of pregnancy
1 ☐ Live birth 2 ☐ Fetal death 23d. Date of delivery 23b. Was decedent pregnant 3 Ectopic pregnancy ō in the past 12 months? Month Day Year 4 Pregnant at time of death 5 Other (specify) Ö 9 Unknown Division of Vital Records, P. Part II. Dther significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? ģ 1 Yes 2 No 3 ☐ Probably 4 ☐ Unknown Completed 24b. Were autopsy findings available prior to completion of cause of death?
1 ☐ Yes 2 ☐ No 24a. Was an autopsy performed? 1 Yes 2 No : After this certification : Be 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Hospital: 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 ☑ No 2 28a. Date of Injury (Month, Day Year) 28b. Time of Injury Certification: 27. Manner of Death 28d. Describe how injury occurred 1 ☑Natural 5 Pending 1 ☐ Yes 2 ☐ No death. investigation f Director: 2 Accident 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide within 24 hours after To the Funaraf Dire 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) 29a. Certifier Medical and manner stated 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 153306 inthis Rd Ste300 Annapolis MD 2140 30. Name and address of derson who completed cause of death (Item 23a) (Type, Print) MD 900 Harris SEP 14 2006 32. Registrar's Signature 31. Date filed (Month, State Registrar

			Please T  1 - Stata Registrar	ype or Print in Bl State of Maryland	/ Depa		lealth and M			31132
	Physici /Medic		Decedent's Name (First, Middle, Last)     RAPHAEL	M. HONV	0			2. Date of De Sept.		3. Time of Death 7:27A M
7. 3.	Examin		4a. Facility Name (If not institution, give s Washington Adv	entist Hosp		Takon	r Location of Death		4c. County of De Montgo	mery
**	Funeral Director		5. Social Security Number 578-90-3814  Usual Residence of Decedent	7. Age (In yrs. ia.  4 M 2 F 65	st birthday) Yrs.	If Under 1 Year Months Days	If Under 24 Hrs. Hours Min.	8. Date of Bir (Month, Da NOV • -	19,1940 W	irthplace (State or Foreign Country) Africa
	e Maryland a-f ehow	ctor	10a. State 10b. County  MD Montgon		Town or Lo	cation er Sprir	ıg			10d. Inside City Limits 1 □ Ves 2 □ No
	th with the 23a or 28	Funeral Director	10e. Street and Number 1023 Quebec	Terr #1		10f. Zip Code 209	03		10g. Citizen of What (	
980	within 72 hours after death with the Maryland ene. then "natural", or items 23a or 28a-f ehow he Madical Examinar must be notilised at	by Funer	11. Marital Status  1 Never Married 2 Married  T Widowed 4 Divorced	12. Was Decedent Ever in U.S Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates:		Was Decedent of H f Yes, specify Cuba 1 ☐ Yes 2 1 No	ispanic Origin? (S an, Mexican, Puert Specify:	pecify Yes or No Rican, etc.)		
Maryland 21215-0036	d within 72 ho jiene. r then "natu ine Medical	Completed	15. Decedent's Edu (Specify only highest grade Elementary/Secondary (0-12)	cation e completed) College (1-4or 5+)	(Give life. l	dent's Usual Occup kind of work done DO NOT use retired nef	during most of wor	king	Renasan Hotel	•
land ;	uld be filed fental Hyg rked othe tic event,	To Be C	17. Father's Name (First, Middle, Last) Hotegni Hor	ıvo			18. Mother's Nam		n, Maiden Sumame) Onfoga	
Baltimore, Ma	permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylan Department of Health and Mental Hygiene. Importent: if Item 27 is marked other then "natural", or Items 23a or 28a-f show eny injuly or other traumatic event, the Medical Examinat must be notified at once.		19a. Informant's Name/Relationship (Ty Patrick Honvo - 20a. Method of Disposition 1 Burial 2 Cremation 3 F 4 Donation 5 Other (Specify) 21. Signatul of Funeral Service Lice is	- Son  20b. Pla cer Ga	2542 ice of Dispo metery, cren t - 01	2 B Hawt sition (Name of natory or other place Heaver	chorne V	Vay Lex 23/06 nowden	kington P 20c.Location-City of Silver S Funeral	pring,MD
·····································	Physician /Medical Examiner	er	23a. Part1. Enter the disease, or complisheck, or heart failugh. List only of Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate		6 Conce of):	ENIC		OCK		Approximate Interval Between Onset and Death Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Cons
68760,	icate be executed physician and s the burial-transit	ilcal Examiner	Sequentially list conditions, if any, leading to immediate cause. Either Underlying Cause (Disease or injury that initiated events resulting in death) Last	Due to (or as a conseque						
P.O. Box 6	The law requires that the death certificate be ate has been signed by the attending physicis bage 2 should be detached for use as the bu	Physician/Medical	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1  Yes 2 No	3c. If yes, outcome of pregnan- 1 □ Live birth 2 □ Fetal of 4 □ Pregnant at time of dea 9 □ Unknown	death 3□	Ectopic pregnancy Other (specify)	/		23d. Date of d Month	elivery Day Year
of Vital Records, P	aw requires that s been signed t 2 should be det	Completed by P	Part II. Other significant conditions con	ntributing to death but not result		nderlying cause giv	en in Part I.	1 ☐ 24a. Was	an 24b. Were	Probably 4 Unknown
ital Re	ian: The lav rifficate has stor, page 2	0	25. Was case referred to medical				26. Place of Dea	1 Yes	ormed? death? 2. 1 ☐ Ye	
ion of V	Hospitel or Attending Physician: The 4 hours after death. Funeral Director: After this certificate ha isly filled in by the funeral director, page	atlon: To B	27. Manner of Sath  1		R/Outpatien 28b. Time of Injury	28c. Injur Wor	er: 4 🗆 Nursing H	ome 5 Res	idence 6 Other (Sp. how injury occurred	ecify)
Division	Hospitel or Attending 4 hours after death. Funeral Director: After tely filled in by the fune	Certification:	3 Suicide 6 Could not be determined	28e. Place of Injury - At hon building, etc. (Specify)				City or To	Street and Number or wn, State)	
	Hospitel 24 hours : Funeral stely filled	dical	29a. Certifier 1 Certifying Phy- (Check only one) 2 Medical Exemi	sician: To the best of my know ner: On the basis of examination	ledge, death on and/or in	n occurred at the tir vestigation, in my o	ne, date and place pinion, death occu	, and due to the rred at the time,	cause(s) and manner date and place, and d	as stated. ue to the cause(s)

State Registrar 30. Name and address of pers who completed cause of death (Item 23a) (Type Print)

NAVID A, GORAY, MD, 6323 G TYBIA Ave. NW: WASH. PC, 20011

31. Date filed (Month, Day, Year)

SEP 13 2006

32 degistrar's Signature

29c. License number 0 28/95

29d. Date signed (*Month, Day, Year*)
09 - 10 - 2006

			1 - For State Registrar		State o	f Maryla	and / D	epartme Certifica	ent of I a <i>te of</i>	lealth Deati	and M h	lental Hy	/gier Reg. N	20	06	31	133
	Physici /Medi		1. Decedent's Nar Genev		Hochstet	ter						2. Date of D Sept 9		°0°6	Year	3. Time 9:20	of Death P M
()	Examir		4a. Facility Name	(If not institution,	give street and nu	mber)		4b. C	ity, Town, o	or Location	n of Death		4	c. County	of Death		
			Suburb 5. Social Security	an Hosp	ital 6. Sex	7. Age (In yr	rs last birth		ethes		er 24 Hrs.	8 Date of Bi	rth	Montg			e or Foreign
	Funeral Director		215-48-0		1□M 2∏F	92		rs. Montl				8. Date of Bi June 1	ay Yaa	914			on DC
	p.		Usual Residence			100	0: T.										
	ahow	ž	10a. State	10b. County	gomery			or Location Chase									City Limits es 2 ☐ No
	the M	Director	10e. Street and N		gomery		печу		Zip Code				10a C	Citizen of V	What Cour		
	3a or				ıt Ave #3	00 50	+1	101.	2081	5					viiai Godi	my:	
	death me 2	Funeral	11. Marital Status		12. Was Dece	edent Ever in		13. Was De	cedent of I	Hispanic C	Origin? (Spe	ecify Yes or N				can Indian,	,
036	filed within 72 hours after death with the Maryland Hygiene. Hygiene, the Westlean "natural", or iteme 23s or 28s-f show int, the Marsteal Examinar must be notified at	by	37	rried 2 Marri 4 Divorced		20 No			pecify Cub 2012 No			Rican, etc.)			_{k, White,} Whit		
5	72 hours natural',	eted	(Spe	15. Decedent'	s Education grade completed)		16a. [	Decedent's U	sual Occu work done	pation during me	ost of work	ing	16b.	Kind of Bu	siness/In	dustry	
121	within ne. hen	Completed	Elementary/Sec	condary (0-12)	College (	1-4or 5+)		Give kind of life. DO NO		id)							
ri G	be filed within ital Hygiene. Id other than avant, the Ma	ပိ	17. Father's Name	(First, Middle, L	ast) 2	-	Н	lomemal	cer	18 Mot	her's Name	e (First, Middle		wn Ho			
a	d be Bental Ked o	To Be		Richard	,						es Wa		,	on ournam	•,		
2	should and Men marke umatic	-	19a. Informant's f				19b.	Mailing Addr	ess (Street	and Num	ber or Rura	al Route Numb	oer, City	or Town,	State, Zip	Code)	
Š	and 2 Balth a		Karen	Hochst	etter/ Dau	ighter	81	01 Cor	nect	icut	Ave#3	309 Sou	th,	Chevy	Cha	se,MI	20815
Baltimore, Maryland 21215-0036	permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: if item 27 is marked other than any injury or other traumatic avant, tha Magnee.				3 □Removal from ecify)	State	cemetery	Disposition (I crematory of al Cre	or other pla			) 2006		Location - 1s Ch	,		
Balti	permit. Departn Imports eny inj		21. Signature of F	Funeral Service L	Muyaa	,						eph Gav NW Wasl					
			23a. Part1. Enter shock, or he	the disease or o	complications that	aused the de	ath. Do no	ot enter the n	node of dy	ng, such a	is cardiac o	or respiratory a	arrest,			Approxim	Between
	Prosician		Immediate Cause disease or condit	(Final	/1	umonia	a									Onset an	id Death
	/Medical Examiner		resulting in death	)		(or as a cons											
E		e.	Sequentially list o	anditions immediate	V.	onic (			Puln	onar	y Dis	ease					
0	uted I	m L	if any, leading to it cause. Enter Und Cause (Disease of that initiated even	derlying or injury	333 13	(0. 40 4 000		<i>'</i> -									
9:20pm	ficate be executed physicien and is the burial-transit	Examin	resulting in death)	Last	CDue to	(or as a cons	equence of	):									
9 9; 68760,	ate be nysicie he bu	dlcal			d												
	ertifica ling pl		IF FEMALE:		22. 11												
9 9 01	0 0	Physician/M	23b. Was decede in the past 1: 1 \( \text{Yes} \) 2 9 \( \text{Unknow} \)	2 months?		ointh 2 ∏ Fe nantattime of	etal death	3 □Ectopic 5 □ Other		у				23d. Date Mor		ery Day	Year
, <u>ь</u>	g 8 8	by Pr	Part II. Other sign	ificant condition	ns contributing to de	eath but not r	esulting in	the underlyin	g cause giv	ven in Par	t I.	23e. Did	tobacco	use contr	ibute to th	ne cause c	of death?
2V(	quire en sig ruld b											1 🗆	Yes	2 □ No	3x∑ Prob	ably 4 [	Unknown
Grnovieve Vital Records,	The law requate hes been page 2 should	Completed	23										psy ormed?	B		mpletion o	s available cause of
اعار ital	icien: Th certificate ector, pag	BeC	25. Was case reference	erred to medical						26. Pla	ce of Death	1 ☐ Yes (Check only		10   1	103	2010	
7 5	· · · · ·	မ	1 ☐ Yes 25	*		npatient 2	□ ER/Outp	patient 3	DOA		Nursing Ho	me 5□Res	idence	6 □Othe	ar (Specif	y)	
eR on	ing After une	on:	27. Manner of Dea 1 Natural	5 Pending		of Injury th, Day Year)	28b. Tie Inj	ury	28c. Inju Wo		,	28d. Describe	how inj	ury occurre	be		
tette.	uttending death. ctor: After / the fune	Icat	2 Accident	investig 6 □ Could n	ot be Doe Bless	of Injury - At	home fare	M street fac		]Yes 2[		28f. Location	Stroot :	and Numbe	or or Burn	I Poute N	umbor
多点	vital or Attendurs after deathurs after deathurs Director: .	Certification:	4 🗌 Homicide		buildi	ng, etc. (Spe	cify)					City or To	wn, Sta	ite)			amber.
Hochstetter Division o	To the Hospital or within 24 hours af To the Funeral D completely filled in	Medical	29a. Certifier (Check only one)	2   Medical E	Physician: To the xaminer: On the b and man	best of my k asis of exami ner stated.	nowledge, nation and	or investigat	ion, in my o	opinion, de	ath occurr	and due to the ed at the time,	, date a	nd place, a	ind due to	the cause	
1	T With	-	29b. Signature an	Willie of Centifier					29c. Licens				29d. D	ate signed	(Month,	Day, Year,	)
	8(2)	:	20 No.	DY	the completed as	o at de - th '''		D-1-1	1/0	0015	200		4	111/08	)		
			30. Name and add	- 1	the completed caus 8600 01d				Bethe	sda.	MD 20	814	(				
	Sta	ite	31. Date filed (Mo	nth, Cay, Year)										, .			
1	Registr	ar		SEP 13	2006	legistrar's Sig	15.	GOME									

State of Maryland / Department of Health and Mental Hygieng 1 - For State Registra 006 Certificate of Death 2. Date of Death 1. Decedent's Name (First, Middle, Last) 3. Time of Death Physician Day Year SEP 2006 4 9:00 AM ROBERT R. HENNINGER /Medical 4a. Facility Name (If not institution, give street and number) 4c. County of Death 4b. City, Town, or Location of Death Examiner MONTGOMERY NATIONAL NAVAL MEDICAL CENTER **BETHESDA** If Under 1 Year If Under 24 Hrs. 8. Date of Birth Months Days Hours Min. 04/27/1940 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign 5. Social Security Number **Funeral** Months 1**X** M 2□ F Yrs. Wisconsin 397-34-5983 66 Director Usual Residence of Decedent 10c. City, Town or Location 10a. State 10b. County 10d. Inside City Limits 28a-f show The Medical Examiner must be notified at 1 ☐ Yes 2 No Directo VAArlington Arlington 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? or items 23a or 2500 South 6th St. 22201 USAdeath Funeral 12. Was Decedent Ever in U.S. Armed Forces? 14. Race - American Indian, Black, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11 Marital Status permit. Pages 1 and 2 should be filed within 72 hours after Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or ite any injuy or other traumatic avant. The Medical Examina once. 1 XYes 2 □ No If Yes, Give Year or Dates: Vietnam 1 X Never Married 2 Married Baltimore, Maryland 21215-0036 Specify: White 1 Yes 2 No Specify: þ 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry College (1-4or 5+) Elementary/Secondary (0-12) US Navv Yeoman 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Beulah Schwandt Robert Henninger 2 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 14232 Nottingham Way Cir. Orlando, FL 32828 John Henninger, brother 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 ☐ Burial 2 X Cremation 3 ☐ Removal from State 09/08/06 Funeral Choices Chantilly Chantilly, VA 4 □ Donation 5 □ Other (Specify) 21. Signature of Funeral Service Licensee 22. Name and Address of Facility Old Town Funeral Choices 1205 BelleHavenRd. Alexandria, Va 22307 Kicken DFi 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Immediate Cause (Final disease or condition resulting in death) **Physician** COLORECTAL CANCER /Medical Due to (or as a consequence of): **Examiner** Sequentially list conditions, 1 a.y, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to for as a consuguence off Examiner or Attending Physician: The law requires that the death certificate be executed burial-transit Due to (or as a consequence of): Box 68760. attending physicien Physician/Medical es the IF FEMALE: 23c. If yes, outcome of pregnancy 23b. Was decedent pregnant 23d. Date of delivery 2 □ Fetal death 3 Ectopic pregnancy in the past 12 months? Month Day Yea 4 Pregnant at time of death 5 Other (specify) P.O. ate has been signed by the page 2 should be detached 9 Unknown Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? Division of Vital Records, þ 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown Completed 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 1 ☐ Yes 2 ☐ No 1 Yes 2 No 25. Was case referred to medical examiner? Be 26. Place of Death | Check only one Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: 1 ☐ Yes 2 No မ 1 17 Inpatient 2 ER/Outpatient 3 DOA SIL 28c. Injury at Work? Certification: 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred After 1 XNatural 5 Pending Injury To the Hospins after death.

To the Funeral Director: Aft 1 Yes 2 No investigation 2 Accident 6 Could not be determined 3 🗀 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 - Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) Medical 29a, Certifier (Check only one) and manner stated. 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 49492-020 (WI) September 5, 2006 >HD 10 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) NATIONAL NAVAL MEDICAL CENTER BETHESDA MD 20889-5600 MC USN SCOTT PARRISH LT

DHMH 17 Rev 1/2001

State Registrar 31. Date filed (Month, Day, Year) SEP 1 3

**ORIGINAL** 

32 Registrar's Signature

			1 - For Stata Registrar	State of I	Marylan	nd / Depa <i>Cei</i>	artme <i>tifica</i>	nt of H te of L	ealth a Death	ind M	ental I	Hygier Reg. r		6	31135
4,30	Physici /Medic		Decedent's Name (First, Middle, Las     Louise Chan	,	all						2. Date o Month Septe	mber			3. Time of Death
	Examir	ner	4a. Facility Name (If not institution, give  Calvert County Nu	rsing Ce	nter		Pr	ince 1	Location of Frede	rick			4c. County Ca	lver	
	Funeral Director		5. Social Security Number 6. Security Number 11 Control of Decedent 11 Control of Decedent 11 Control of Decedent 11 Control of Decedent 11 Control of Decedent 12 Control of Decedent 12 Control of Decedent 12 Control of Decedent 12 Control of Decedent 12 Control of Decedent 12 Control of Decedent 12 Control of Decedent 12 Control of Decedent 12 Control of Decedent 12 Control of Decedent 12 Control of Decedent 12 Control of Decedent 12 Control of Decedent 12 Control of Decedent 12 Control of Decedent 12 Control of Decedent 12 Control of Decedent 12 Control of Decedent 12 Control of Decedent 12 Control of Decedent 12 Control of Decedent 12 Control of Decedent 12 Control of Decedent 12 Control of Decedent 12 Control of Decedent 12 Control of Decedent 12 Control of Decedent 12 Control of Decedent 12 Control of Decedent 12 Control of Decedent 12 Control of Decedent 12 Control of Decedent 12 Control of Decedent 12 Control of Decedent 12 Control of Decedent 12 Control of Decedent 12 Control of Decedent 12 Control of Decedent 12 Control of Decedent 12 Control of Decedent 12 Control of Decedent 12 Control of Decedent 12 Control of Decedent 12 Control of Decedent 12 Control of Decedent 12 Control of Decedent 12 Control of Decedent 12 Control of Decedent 12 Control of Decedent 12 Control of Decedent 12 Control of Decedent 12 Control of Decedent 12 Control of Decedent 12 Control of Decedent 12 Control of Decedent 12 Control of Decedent 12 Control of Decedent 12 Control of Decedent 12 Control of Decedent 12 Control of Decedent 12 Control of Decedent 12 Control of Decedent 12 Control of Decedent 12 Control of Decedent 12 Control of Decedent 12 Control of Decedent 12 Control of Decedent 12 Control of Decedent 12 Control of Decedent 12 Control of Decedent 12 Control of Decedent 12 Control of Decedent 12 Control of Decedent 12 Control of Decedent 12 Control of Decedent 12 Control of Decedent 12 Control of Decedent 12 Control of Decedent 12 Control of Decedent 12 Control of Decedent 12 Control of Decedent 12 Control of Decedent	9X 7. □ M 2 <b>X</b> F	Age (In yrs. 81	last birthday) Yrs.	Month	er 1 Year Days	If Under 2 Hours	Min.	8. Date o (Month Jan.	, Day, Yea	1925	Cou	place (State or Foreign ntry) ryland
	Maryland a-f show	tor	10a. State 10b. County  MD Calver	t		ty, Town or Lo									10d. Inside City Limits 1 ☐ Yes 2 💆 No
	vith the	Direc	10e. Street and Number				10f. Z	ip Code				10g. (	Citizen of W		ntry?
36	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hyglene. Important: If item 27 is marked other than "natural", or items 23e or 28e-1 show any injury or other traumatic event, if a Medical Exart or must be invitited at once.	by Funeral Director	3612 6th Stre  11. Marital Status  1 □ Never Married 2 □ Married  3 ☑ Widowed 4 □ Divorced	12. Was Decede Armed Force 1  Yes 21 If Yes, Give Year or Date	s? No		f Yes, sp	edent of Hi	714 spanic Orig n, Mexican Specify:	gin? (Spe , Puerto F	crfy Yes o Rican, etc.	r No-		- Ameri k, White,	can Indian, etc.
21215-0036	within 72 hou ene. than "natura na Madical E	Completed	15. Decedent's Ed (Specify only highest grad Elementary/Secondary (0-12)		or 5+)	life. l	kind of v DO NOT	vork done a use retired,	luring most	of workir	ng		Kind of Bu		dustry
	should be filed and Mental Hygi s marked other umatic event, I	To Be Co	17. Father's Name (First, Middle, Last) Eldridge	Chanev			J	CAG					en Sumame		s
, Maryland	and 2 shou alth and M 127 is man		19a. Informant's Name/Relationship (7) Rebecca L. Tippet	ype, Print)	ter	19b. Mailin 3612	•	,	t., No				y or Town, S	State, Zip	o Code)
Baltimore,	Pages 1 and of He ut: If item		20a. Method of Disposition 1 □ Burial 2 ☑ Cremation 3 □ 4 □ Donation 5 □ Other (Specify		te C	Place of Dispo cemetery, crem cropoli	natory of	other place	1		ate 14/06		Location - G		
Balti	permit. Departrimports sny Inju	1	of Funeral Service Licen	( Leek	soul								al Hor s, MD		P.A. 736
	Physician		23a. Part1. Enter the disease, or comp shock, or heart failure. List only of Immediate Cause (Final disease or condition	plications that causone cause on each	sed the death	1 -	er the m	Cost of		0	r respirato	1			Approximate Interval Between Onset and Death
200 m	/Medical Examiner	٠.	resulting in death)  Sequentially list conditions,	b	as a conseq										18 month
,8760,	cate be executed physician and the burial-transit	dical Examiner	if airy, leading to immediate cause. Enter Undertying Cause (Disease or injury that initiated events resulting in death) Last	с.	as a conseq					,					
P.O. Box 68	The law requires that the death certifica tie has been signed by the ettending ph page 2 should be detached for use as th	Physician/Medi	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 ☐ Yes 2 Mo 9 ☐ Unknown	23c. If yes, outcor 1 ⊟Live birth 4 ⊟Pregnant 9 ⊟ Unknowr	2 Feta at time of d	al death 3	Ectopic Other (	pregnancy specify)				-	23d. Date Mon		ery Day Year
rds, P	w requires that been signed b should be deta	by	Part II. Other significant conditions of	ontributing to death	n but not res	sulting in the ur	nderlying	cause give	en in Part I.			id tobacc		bute to t	he cause of death?  pably 4 Unknown
Vital Records,		Completed								-	a	Vas an utopsy erformed? es 2×1	pi de	/ere auto rior to co eath? Yes	opsy findings available impletion of cause of
Vita Vita	sician certifii rector,	Be	25. Was case referred to medical examiner?	Hospital:				Othe	26. Place						
Division of	iding Phys th. : After this funeral di	tion: To	1 Yes 2 No  27. Manper of Death 1 Natural 5 Pending 2 Accident investigation	28a. Date of li (Month,		28b. Time of Injury	t 3□ [	28c. Injury Work	at	2			6 Othe		(y)
Divisi	To the Hospital or Attending Physician: within 24 hours after death. To the Funeral Director: After this certifical completely illied in by the funeral director.	Certification:	3 Suicide 6 Could not be determined	286. Place of	Injury - At ho etc. (Specif	ome, farm, str fy)	eet, facto	ory, office		2	8f. Location City of	on (Street Town, Sta	and Numbe ate)	or Rura	al Route Number,
	he Hospit in 24 hour he Funera pletely fills	edical	29a. Certifier (Check only one)	ysician: To the be liner: On the basis and manner	of examina	owledge, death	occurre estigation	d at the timen, in my op	e. date and pinion, deat	d place, a h occurre	and due to ed at the ti	the cause me, date a	(s) and man	ner as s nd due to	stated or the cause(s)
)	To T To I	Σ	29b. Signature and tille of certifier	may	M)				2718	,			Date signed	3/	96
	ク		30. Name and address of person which and address of person which are a second and address of person which are a second and address of person which are a second and address of person which are a second and address of person which are a second and address of person which are a second and address of person which are a second and address of person which are a second and address of person which are a second and address of person which are a second and address of person which are a second and address of person which are a second and address of person which are a second and address of person which are a second and address of person which are a second and address of person which are a second and address of person which are a second and address of person which are a second and address of person which are a second and address of person and address of person are a second and address of person are a second and address of person are a second and address of person are a second and address of person and address of person are a second and address of person are a second and address of person are a second and address of person are a second and address of person are a second and address of person are a second and address of person are a second and address of person are a second and address of person are a second and address of person are a second and address of person are a second and address of person are a second and address of person are a second and address of person are a second and address of person are a second and address of person are a second and address of person are a second and address of person are a second and address of person are a second and address of person are a second and address of person are a second and address of person are a second and address of person are a second and address of person are a second and address of person are a second and address of person are a second and address of person are a second and address of person are a second and address of person are a second and address of person are a sec	ISAF	1 6	2417	Print)	Hom	S 100	Is la	nd	Rd.	Hm	ntr	3tonn 20639
100	Sta Registr		31. Date filed (Month, Day, Year)		strar's Signa	HUIB AND	000						V	9	

31136 For State Registrar Certificate of Death 2. Date of Death 3. Time of Death 1. Decedent's Name (First, Middle, Last) Month Yeer Physician GRACE VIOLET HUSHOWER 3:25 A September 11 2006 /Medical 4b. City, Town, or Location of Death 4c. County of Death 4a. Facility Name (If not institution, give street and number) **Examiner** Silver Spring Montgomery Holy Cross Hospital If Under 1 Year If Under 24 Hrs. Vonths Days Hours Min. Birthplace (State or Foreign Country) 8. Date of Birth (Month, Day, Year) 7. Age (In yrs. last birthday) 5. Social Security Number 7 **Funeral** 1 ☐ M 2 🖾 F Months MD Yrs. 5 Sept.6, 2006 Silver Spring Director Usual Residence of Decedent 10d. Inside City Limits with the Maryland 10c. City, Town or Location 10a. State 10b. County 28a-f ahow the Medical Examiner must be notified at 1 ☐ Yes 2 ☑ No Maryland Montgomery Silver Spring Director 10f. Zip Code 10g. Citizen of What Country? 10e. Street and Number or Itema 23a or U.S.A. 20904 1015 Notley Road death Funeral Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, 12. Was Decedent Ever in U.S. Armed Forces? 11. Marital Status Black, White, etc. filed within 72 hours after 1 ☐ Yes 2 📆 No If Yes, Give Year or Dates: 1 X Never Married 2 ☐ Married White Baltimore, Maryland 21215-0036 1 ☐ Yes 2 ☒ No Specify: Specify: δ 3 ☐ Widowed 4 ☐ Divorced natural Completed 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) than College (1-4or 5+) Efementary/Secondary (0-12) 0 None permit. Pages 1 end 2 should be filed with pages 1 end 2 should be filed with mortant: It flem 27 is marked other the any injury or other traumatic event, the once. other t 18. Mother's Name (First, Middle, Maiden Surname) 17. Father's Name (First, Middle, Last) Be Leigh Allyson Crook Hushower Thomas Mark ဂ္ 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) Leigh A. Hushower/Mother 1015 Notley Road, Silver Spring, Maryland 20904 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☑ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Wall Cemetery Oct.20,2006 Wall, Texas 22. Name and Address of Facility
HINES-RINALDI FUNERAL HOME, INC.
11800 New Hampshire Ave, Silver Spring, MD 20904 21. Signature of Funeral Service License Nanc 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart taking. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) 24 Weeks **Physician** Extreme Prematurity /Medical Due to (or as a consequence of): Examiner 5 Days Hypotension Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (c. as a consequence of). Physician/Medical Examiner Hospital or Attanding Physician: The law requires that the death certificate be executed the burial-transit Respiratory Distress Syndrome 5 Days and Due to (or as a consequence of): Box 68760. physicien use as IF FEMALE: 23c. If yes, outcome of pregnancy
1 Live birth 2 Fetal death 23d. Date of delivery 23b. Was decedent pregnant 3 Ectopic pregnancy Day Year in the past 12 months? 1 ☐ Yes 2 🖾 No 4□Pregnant at time of death 5 ☐ Other (specify) signed by the a P.O. 9 Unknown Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part f. 23e. Did tobacco use contribute to the cause of death? Division of Vital Records, þ 1 ☐ Yes 2 ☑ No 3 ☐ Probably 4 ☐ Unknown Be Completed 24b. Were autopsy findings available prior to completion of cause of death? autopsy performed? раде 1 ☐ Yes 2 ☐ No 2X No 1 ☐ Yes 25. Was case referred to medical 26. Place of Death (Check only one) examiner? Hospital: 1 ☑Inpatient 2 ☐ ER/Outpatient Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No ٩ 3□ DOA this 28a. Date of Injury (Month, Day Year) 28b. Time of 27. Manner of Death 28c. Injury at Work? 28d. Describe how injury occurred Certification: 1 X Natural 5 Pending hours after death. uneral Director: After the fur-1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 - Homicide within 24 hours a To the Funeral I 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) Medical (Check only one) and manner stated. To the 29d. Date signed (Month, Day, Year) 29c. License number 29b. Signature and title of certifier D-55448 September 11, 2006 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 12201 Plum Orchid Drive, Silver Spring, Maryland 20904 Audrey Seidel, MD. 31. Date filed (Month, Day, Year) 32 Registrar's Signature State

DHMH 17 Rev 1/2001

Registrar

SEP 18 2006

State of Maryland / Department of Health and Mental Hygiens Reg. No. Certificate of Death 3. Time of Death 2. Date of Death 1. Decedent's Name (First, Middle, Last) **Physician** :50 A.M. Joan Rose Hartman /Medical 4c. County of Death 4a. Fecility Name (If not institution, give street and number) 4b. City. Town, or Location of Death Examiner Lumberland If Under 1 Year | If Under 24 Hrs. | HILEGANI JMHS AMPUS raddoc 8. Date of Birth (Month, Day, Year) 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Days Min. Months Hours 1 ☐ M 2 🗶 F West Virginia 236-50-8525 78 June 17,1928 Director Usual Residence of Decedent death with the Maryland 10a State 10c. City, Town or Location 10d. Inside City Limits 1 and 2 should be filed within 72 hours after death with the Marylan Heath and Mental Hygiene.

em 27 is marked other then "natural", or itema 23a or 28a-f ehow ther traumatic event, the Medical Examinar must be notified at 1 Yes 2 No Director Mineral Keyser 10g. Citizen of What Country? 10f. Zip Code 10e. Street and Number Rt. 5, Box 740 USA Funeral 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. Was Decedent Ever in U.S. Armed Forces? 1 ☐ Yes 2 ▼No 14. Race - American Indian, 11. Marital Status Black, White, etc. 1 Never Married 2 Married Baltimore, Maryland 21215-0036 1 ☐ Yes 2 X No Specify: 2 tt Yes, Give Year or Dates: Specify: 3 ☐ Widowed 4 ☐ Divorced White Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Elementary/Secondary (0-12) Cotlege (1-4or 5+) 5+ Social Worker State Government 18. Mother's Name (First, Middle, Maiden Sumame) 17. Father's Name (First, Middle, Last) Be Edward Gerstell 2 Leona Adams Peges 1 and 2 shou ment of Health and M lant: If Item 27 is mar jury or other traumat 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Eugene W. Hanlin/Husband Rt. 5, Box 740 Keyser, WV 26726 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 20a. Method of Disposition Sept. 23 1 XBurial 2 Cremation 3 Removal from State permit. Pege Depertment of Important: if eny injury or once. Queen's Point Cemetery 2006 Keyser, WV 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service License 22. Name and Address of Facility Smith Funeral Home 85 S. Main Street Keyser, WV Dulin Approximate
Interval Between
Onset and Death
UN Gnow 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart tailure. List only one cause on each line. tmmediate Cause (Finat disease or condition resulting in death) **Physician** Metastronc /Medical Due to (or as a consequence of): **Examiner** Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): Examiner ettending physicien end for use as the burial-transit The law requires thet the death certificate be executed Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760. Physician/Medical TE FEMALE 23c. If yes, outcome of pregnancy 1 ☐ Live birth 2 ☐ Fetat death 23d. Date of delivery 23b. Was decedent pregnant 3 Ectopic pregnancy in the past 12 months? 1 ☐ Yes 2 🗷 No Month Day Year 4 Pregnant at time of death 5 Other (specify) been signed by should be detach Part tt, Other significant conditions contributing to death but not resulting in the underlying cause given in Part t. 23e. Did tobacco use contribute to the cause of death? Completed by 1 Yes 2 No 3 Probably 4 Hnknown 24a. Was an autopsy performed? 24b. Were autopsy tindings available prior to completion of cause of death?

1 ☐ Yes 2 ☐ No cete has page 2 s certificete 2000 1 Yes Hospital or Attending Physician: 25. Was case reterred to medical examiner? 26. Place of Death (Check only one) Be Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Inpatient 2 2 ER/Outpatient 3 DOA Sign Sign To the Funeral Director: After th completely filled in by the funeral 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred Certification: 27. Manner of Death 28c. Injury at Work? Natural 5 Pending investigation 1 Tes 2 No 2 Accident 6 ☐ Could not be 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) determined 4 | Homicide within 24 hours a To the Funeral I Certifying Physicien: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medicat Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) 29a Certifier Medical and manner stated 29c. License number 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifier 30. Name and address of person who completed cause of death (ttem 23a) (Type, Print) 6 HFAG 31. Date filed (Month, Day, Year) 32 Registrar's Signature State 0 2 2006 Registrar

			1 - For State Registrar	State of Marylar	•	artment of H			jiene •g. N2	106	31	138
	Physici	an	1. Decedent's Name (First, Middle, Las	on miso N				2. Date of Dea Month		Year OG	3. Time	of Death
	/Medio Examin		4a. Facility Name (If not institution, give	street and number)		4b. City, Town, or	Location of D	eath		unty of Death	1	
	Funeral		PRINCE CHONGE HU  5. Social Security Number 6. Se	SOTAL  7. Age (In yrs.	last birthday)	Cheve If Under 1 Year	erly II Under 24 P	Hrs. 8. Date of Birth		nce G		e's te or Foreign
	Funeral Director		577-32-1617	ZM 20F	78 Yrs.	Months Days	Hours N	May 21	192	Cou	y1an	_
	/land		Usual Residence of Decedent  10a. State 10b. County		ity, Town or Lo	ocation				1	10d. Inside	City Limits
	8e-1 eh	Director	MarylandPrince (	George's Ca	apita1	Heights	5				1 🗆 Y	es 2X No
	with the sor 24		10e. Street and Number 421 Date Leaf A	1770		10f. Zip Code 20743		1	0g. Citizen USA	of What Cou	ntry?	
	me 23	Funeral	11. Marital Status	12. Was Decedent Ever in U	J.S. 13.		spanic Origin?	? (Specify Yes or No- uerto Rican, etc.)	14. F	Race - Americ		
036	should be filed within 72 hours after death with the Maryland of Mental Hygiene.  marked other than "natural", or iteme 23a or 28e-f ehow imatic event, the Madical Examina maint be notified at	by	Named 2 Married 3 Widowed 4 Divorced	Armed Forces? 1 X Yes 2 □ No If Yes, Give Year or Dates: 1952	1	n Yes, speciny Cuba 1 □ Yes 2/QXNo	Specify:	uerto Hican, etc.)		Black, White, ecify: B	etc. 1ack	
2-0	72 ho	eted	15. Decedent's Ed (Specify only highest grain		(Give	dent's Usual Occupa	luring most of	working		of Business/In		
21215-003	within iene.	Completed	Elementary/Secondary (0-12) 8th	College (1-4or 5+)		DO NOT use retired s Drive		i	Schoo		orge	's Co.
g	al Hygie d other	BeC	17. Father's Name (First, Middle, Last)		1 2	J J J J J J J J J J J J J J J J J J J		Name (First, Middle,				
Maryland	should be tind Mental I marked ol	7	Willie Harrison		405 14-11	4.11 (0)		Hamilto			. 0 - 4-1	
	and 2 sl salth and n 27 le r		19a. Informant's Name/Relationship (7) Esther Herbert		1	-		r Rural Route Numbel e Capital				20743
Baltimore,	es 1 a of Hea of Hea r othe		20a. Method of Disposition 1 X Burial 2 ☐ Cremation 3 ☐	200		sition (Name of				on - City or To		
ΞĦ	permit. Pages Department of I Important: If It eny Injury or o	1	4 ☐ Donation 5 ☐ Other (Specify	) Ve		Cemeter				enham	, Md	
Ba	Depa Impo eny I		21. Signature of Funeral Service Licen  Larry 1.7	0				ns Mortu			0.1	
			23a. Part1. Enter the disease, or com- shock, or heart failure. List only	dications that caused the dea						. 2141	Approxin	Between
	Physician	Ù	Immediate Cause (Final disease or condition resulting in death)	a PNen	noNIA						Onset an	id Death
	/Medical Examiner		resulting in dealiny	Due to (or as a consec								
	D ==	ner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	Due to (or as a consec	quence of):	6 84						
	be executed sicien and burial-transit	Examiner	Cause (Disease or injury that initiated events resulting in death) Last	c. CHRONIC  Due to (or as a consec		PAICUN	۶					
8760	icate be executed physicien and s the burial-transit	dical E		d. HYPERTE		ν						
89 X	ertifica Jing ph	Med	IF FEMALE:	27- 16	11			-				
P.O. Box	death certific attending p	Physician/Me	23b. Was decedent pregnant in the past 12 months? 1 ☐ Yes 2 ☐ No	23c. If yes, outcome of pregn 1□Live birth 2□Feta 4□Pregnant at time of c	al death 3 □	Ectopic pregnancy Other (specify)			1	Month	ery Day	Year
o.	res thet the de signed by the a be detached t	hysl	9 Unknown	9□ Unknown								
Division of Vital Records, I	Attending Physicien: The law requires that the death certific at death.  strofash.  ector: After this certificate has been signed by the attending p by the funeral director, page 2 should be detached for use as	Completed by F	Encephalopathy	ontributing to death but not res	sulting in the u	nderlying cause give	en in Part I.		baccouse d es 2⊡No	contribute to to o 3 🗆 Prot		of death?
eco	has bee	nplet						24a. Was a autops	V		psy linding	gs available of cause of
a H	icien: The l certificete ha rector, page ;		OS What are referred to madical						2/2(No	death?	2□ No	
<b>=</b>	Physicien: r this certifice ral director, p	To Be	25. Was case referred to medical examiner? 1 ☐ Yes 2 ☑ No	Hospital: 1 (Inpatient 2	] ER/Outpatier	nt 3 DOA Othe	· ·	Death <i>(Check only on</i> ig Home 5 ☐ Reside		Other (Specia	fv)	
0	ing Ph Mer th Ineral		27. Manner of Death t ☑Natural 5 ☐ Pending	28a. Date of Injury (Month, Day Year)	28b. Time of Injury	Work	at ?	28d. Describe ho				
Sio	Attendii death. ctor: A y the fu	licat	2 Accident investigation 3 Suicide 6 Could not be		ome, larm, str		/es 2 □No	28f. Location (St	treet and Nu	umber or Run	al Route N	'umber
2	To the Hospital or Attending I within 24 hours after death.  To the Funeral Director: After completely filled in by the funer	Certification:	4 Homicide determined	building, etc. (Speci	fy)			City or Town	n, State)			
	• Hosp 24 hou • Fune letely fi	Medical	29a. Certifier 1 ☑ Certifying Ph (Check only 2 ☐ Medical Exam	ysician: To the best of my kno liner: On the basis of examina and manner stated.	owledge, death ation and/or in	h occurred at the tim vestigation, in my or	e, date and ploinion, death o	lace, and due to the concourred at the time, d	ause(s) and ate and plac	manner as s ce, and due t	tated. o the caus	Θ(S)
	To th within To th compl	Me	29b. Signature and title of certifier	4. 0		29c. License		2	9d. Date sig	gned (Month,	Day, Year	.)
			1 /1/80	Jun Ju		0000	7558	6	4/1)	1/06		
	4+1		30. Name and address of person who of BNIAN S BAYE	completed cause of death (ite)	m 23a) (Type, 223	WANDVEI	e PARI	66 tuny Gr	ern Be	elt a	142	0770
5.	Sta Registr		31. Date liled (Month, Day, Year)  SEP 15	32. Registrar's Sign	ature	Garde .					,	

			1 - For State Registrar	State of N	Naryland / De		rtment of He tificate of D			Reg	20 (	16	31139
	Physici	an	Decedent's Name (First, Middle, Las.	יו			_		l N	ate of Death Ionth	Day	Year	3. Time of Death
	/Medic	al	Sara 4a. Facility Name (If not institution, give	street and numbe	r)	Κε	antor 4b. City, Town, or	Location of		tember	4c. County		9:20 A M
	Examin	er	11808 GREGERSCROF		'/		Potomac	Location	Death		Montgo		
	Funeral		Social Security Number     6. Security Number	x 7. A	Age (In yrs. last birth	fay)	If Under 1 Year Months   Days	ff Under 2	24 Hrs. 8. D Min. (A	ate of Birth Nonth, Day, Y			lace (State or Foreign
	Director		223-38-1137	□M 210 F	73 Yr	s.	Willias Days	Hours	097	29/19	32		RAZIL
	and		Usual Residence of Decedent  10a. State 10b. County		10c. City, Town o	r Loc	ation					1	0d. Inside City Limits
	Mary f eho	ţō	MARYLAND MONTG	OMERY			РОТОМАС	!					1⊠Yes 2□No
	h the	Director	10e. Street and Number				10f. Zip Code			100	g. Citizen of	What Cour	ntry?
	23a c		11808 GREGERSCROF	T ROAD				2085	4		U	.S.A.	
ဖွ	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hyglene. Important: If Item 27 is marked other then "natural", or Itema 23a or 23a-f ehow important: If Item 27 is marked other then "natural", or Itema 23a or 23a-f ehow any injury or other traumatic event. The Maridical Examinar must be multiled at ADDG.	Funeral	11. Marital Status 1 □ Never Married 2 ☑ Married	12. Was Deceder Armed Forces 1 Tyes 2	R No		/as Decedent of His Yes, specify Cubar ☐ Yes 2 No	spanic Drig n, Mexican, Specify:	in? (Specify ) Puerto Ricar	res or No- n, etc.)		ck, White,	
8	ural',	d by	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Year or Dates									HITE
냓	in 72	Completed	15. Decedent's Edi (Specify only highest grad	de completed)	()	3ive k	ent's Usual Occupa ind of work done di O NOT use retired)	uring most	of working	16	5b. Kind of B	usiness/in	dustry
212	yiene.	mo	Elementary/Secondary (0-12)	Colfege (1-4o 4	r 5+)	Н	OMEMAKER				0	WN HO	ME.
g	al Hyg	BeC	17. Father's Name (First, Middle, Last)					18. Mother	r's Name (Firs	t, Middle, Ma			
yla	Ment Ment Marked	Jo	JACOB SCHLAFSTEIN						SSEL KO				
Mar	12 sh h and 7 Is m traum		19a. Informant's Name/Relationship (T DANIEL KANTOR/HUS				Address (Street a						
ā,	Healt		20a. Method of Disposition	DAND	20b. Place of D	isposi	GREGERSO ition (Name of	!	ROAD,		AC, MA		
ē	ages of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state		1 ☑ Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify		9 1		atory`or other place MORIAL GA		9/14/20	006 01	LNEY,	ΜΔΡΥΙ	AND
Baltimore, Maryland 21215-0036	partm ports y inju		21. Signature of Furn raf Source License			22.	Name and Address	s of Facility	<b>Y</b>				21110
<u>~</u>	90 E 8 9		(Courage)			109	WARD SAGE 91 ROCKVI	LLE FUR	NEKAL L PIKE, E	COCKATI	LON, I	NC. ARYLA	ND 20852
ı			23a. Part1. Exer the disease, or comp shock, or heart failure. List only of	lications that caus one cause on each	ed the death. Do no line.	ente	r the mode of dying	, such as	cardiac or res _l	oiratory arres	t,		Approximate Interval Between Onset and Death
	Physician / /Medical		Immediate Cause (Final disease or condition resulting in death)	a. DEMENT								Í	
	Examiner			Due to (or a	is a consequence of)	:							
þ.	21/23	Jer.	Sequentially list conditions, if any, leading to immediate	b. Due to (or a	is a consequence of								180
	cuted nd ransit	cal Examiner	cause. Enter Underlying Cause (Disease or injury that initiated events	c									
Ö,	ate be executed hysician and the burial-transit	EX	resulting in death) Last	Due to (or a	is a consequence of)	:					-		
	cate be executed physician and the burial-transit	ᅙ		d						·			11,000
9 X	eath certific attending p i for use as i	/Me	IF FEMALE:	23c. If yes, outcom	ne of pregnancy						23d Da	te of defive	anv.
. Box	death e atter d for u	Physician/Me	23b. Was decedent pregnant in the past 12 months? 1 ☐ Yes 2 ☒ No	4☐Pregnant	2 Fetal death at time of death		Ectopic pregnancy Other <i>(specify)</i>					onth	Day Year
P.O.	that the dened by the solutions of	hys	9 Unknown	9∐ Unknown					-11				
	9 20	Ď	Part ff. Other significant conditions of HYPERCHOLESTEROLE		but not resulting in t	ne und	derlying cause give	n in Part I.	^2				ne cause of death?
ပ္က	law requir as been si 2 should l	Completed	5)						2	24a. Was an autopsy	24b.	Were auto	psy findings available mpletion of cause of
Ě	The ate has page	E O							1	performe	ed?	death?	2□ No
Zita Vita	ician: certifica rector, p	Be	25. Was case referred to medicat examiner?	Hasnitat:			200		of Death (Che				
o	Attending Physician: r death. sctor: After this certifica by the funeral director.	٠ <u>.</u>	11☑ Yes 2 □ No  27. Manner of Death	Hospitaf: 1 ☐ Inpa 28a. Date of In			3 DOA Othe	4 Nur	rsing Home	5 Residen			y)
o	th. : After s funer	tlon	1 X Natural 5 ☐ Pending 2 ☐ Accident investigation	(Month, E	Day Year) Inju		28c. Injury Work' M 1 □ Y	? es 2 □ N		20301100 1101	injury cocur	.00	
Division of Vital Records,	i ji fe o	Certification:	3 Suicide 6 Could not be determined	289. Place of f	njury - At home, farmetc. (Specify)	, stree	et, factory, office		28f. L	ocation (Stre	et and Numb State)	er or Rura	Al Route Number,
_	To the Hospital within 24 hours a To the Funeral I completely filled	edical C	29a. Certifier to Certifying Phy (Check only 2 Medical Exam	/sician: To the bes	st of my knowledge, of examination and/	death	occurred at the time	e, date and	d place, and d	ue to the cau	ise(s) and ma	anner as s	tated.
	thin 2.	Medi	one) 29b. Signature and title of certifier	and manner	stated.		29c. License				d. Date signe		
		_	Social State of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Continue of Co	Wa . 1	TILLIN			D0052	509				, 2006
	10		30. Name and address of prison who d	ompleted cause of	death (Item 23a) (Tr	pe. P	-					11. 14	, 2000
			DR. SUE D. KANTER				•	308.	BETHE	SDA, M	ARYLAN	ID 2	0817
	Sta	-	24 Date filed (Month Day Veer)	22 Dagis	strar's Signature								
	Registr	ar	OEL TO 50	19 34	91 Nº 19	-	A-m.						

DHMH 17 Rev 1/2001

		•	1 - State Registrar		Cei	rtificate of	Death		Reg. No.		
			1. Decedent's Name (First, Middle, Las	st)				2. Date of D		Year	3. Time of Death
	Physicia /Medic		Jane E	lizabeth	Kenda	11		Sept 2	4, 200	6	8:55a M
	Examin		4a. Facility Name (If not institution, give Northampton Man		2	Fre	or Location of Dea derick		1	inty of Death Frederi	lck
	Funeral Director		5. Social Security Number 6. S 212-20-1343  Usual Residence of Decedent	ex 7. Age (In yrs. 87	last birthday) Yrs.	If Under 1 Year Months Days	If Under 24 Hr Hours Mir		irth lay, Year) 1918	9. Birthp Cour New \	place (State or Foreign htry) Cork
	land ow		10a. State 10b. County	10c. Cit	ly, Town or Lo	ocation				1.	10d. Inside City Limits
	Mary a-feh	to	Md. Frederi	.ck	Mt.	. Airy					1 ☐ Yes 2 📉 No
	or 288	irec	10e. Street and Number			10f. Zip Code			10g. Citizen	of What Cour	ntry?
	23a	a	3803 Mt. Airy I	r.			21771			J.S.A	
36	be filed within 72 hours after deeth with the Maryland ital Hygiene. d other than "natural", or Iteme 23a or 28a-f ehow event, the Mardical Examiner must be notified at	by Funeral Director	11. Marital Status  1 Never Married 2 Married 3 XWidowed 4 Divorced	12. Was Decedent Ever in U Armed Forces? 1 ☐ Yes 2 X No If Yes, Give Year or Dates:		Was Decedent of H If Yes, specify Cub 1 ☐ Yes 2 🎇 No		Specify Yes or N rto Rican, etc.)		Race - Americ Black, White, ec <i>ify:</i>	
Maryland 21215-0036	2 hou	ted	15. Decedent's Ed	Jucation	16a. Dece	dent's Usual Occur	pation		16b. Kind d	of Business/In	
Ž	thin 7	Completed	(Specify only highest gra	College (1-4or 5+)	life.	kind of work done DO NOT use retire	during most or w d)	orking			
7	ed wi	Co	12		Info	ormation				overnme	ent
שב	8 d is 8	Be	17. Father's Name (First, Middle, Last)				]	ame <i>(First, Middle</i> prothy M		name)	
٣	should be and Mental a marked o umatic eve	٩	Ephraim R. Def		10h Mailie	ng Address (Street	!			um Stata Zi	- Codel
	is 1 and 2 should of Health and Me Item 27 is mark other traumati		Audrey F. Phillips	(Sister)	3803	Mt. Airy	Dr. Mt.	. Airy,M	d. 217	71	
Baltimore,	permit. Pages 1 Depertment of H Important: if Ite any injury or ott		20a. Method of Disposition 1 ☐ Burial 2 ②Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specific			osition (Name of matory or other pla g Cremato		Date 26, 2006		on - City or To hsburg	
ă	epertr sport ny inj		21. Signature of Funeral Service Licer			2. Name and Addre			2525 Bi		
_	205 g g		- le La.			.L. Davis				irg,Md.	
į	Physician /Medical		23a. Part1. Enter the disease, or com shock, or heart failure. List only Immediate Cause (Final disease or condition resulting in death)	one cause on each line.  Arteriosc	leroti						Approximate Interval Between Onset and Death 10 years
	Examiner			Due to (or as a conseq	luence of):						
		ē	Sequentially list conditions if any, leading to immediate	b. Due to (or as a conseq	juence of):						
8	uted d ansit	Examiner	if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	C							
Ö,	eath certificate be executed ettending physician and for use as the burial-transit		resulting in death) Last	Due to (or as a conseq	juence of):						
68/60,	ate b	Medicai		d							
×	ding F	-	IF FEMALE:	23c. If yes, outcome of pregna	ancy						
.O. Bo	The law requires that the death certificate be executed the been signed by the ettending physician and bage 2 should be detached for use as the burial-transit	by Physician	23b. Was decedent pregnant in the past 12 months? 1 ☐ Yes 2 ☑ No 9 ☐ Unknown	1 Live birth 2 Feta 4 Pregnant at time of d 9 Unknown	il death 3	Ectopic pregnanc Other (specify)	у		230.	Date of delive Month	ory Day Year
ds, P	uires that signed b		Part II. Other significant conditions of Diabetes Mel.		ulting in the u	nderlying cause giv	ven in Part I.		tobacco use d		he cause of death?
Records,	s been si	Completed	C.O.P.D.					24a. Wa	s an 24	tb. Were auto	psy findings available
	: The law cete hes I	mo D						auto	ormed?	prior to co death? 1 \( \text{Yes}	psy findings available mpletion of cause of
Vital		Be C	25. Was case referred to medical				26. Place of De	eath (Check only		1 1 162	2L1 NO
	di is	10	examiner? 1 Yes 2 No	Hospital: 1   Inpatient 2	ER/Outpatier	nt 3 DOA Ott	ner: 4 Nursing	Home 5 ☐ Res	idence 6 🗆	Other (Specif	(y)
ion of	nding Ph ath. r: After th e funeral		27. Manner of Death  1 Natural 5 Pending 2 Accident Investigation	28a. Oate of Injury (Month, Day Year)	28b. Time o Injury	Wo		28d. Describe			
Division	Hospital or Attending 14 hours after death. Funeral Director: After tely filled in by the fune	Certification;	3 Suicide 6 Could not be determined	28e. Place of Injury - At he building, etc. (Specif	ome, farm, str fy)	reet, factory, office		28f. Location City or To	(Street and Ni own, State)	imber or Rura	al Route Number,
	To the Hospital within 24 hours a To the Funeral I completely filled	Medical C	29a. Certifier 1 Cartifying Ph (Check only one) 2 Madical Exam	ysician: To the best of my kno ninar: On the basis of examina and manner stated.	owledge, deat ation and/or in	h occurred at the til vestigation, in my o	me, date and place opinion, death occ	ce, and due to the curred at the time	cause(s) and , date and pla	I manner as s ce, and due to	tated. the cause(s)
}	To the within 2 To the complex	Ň	29b. Signature and title of certifier	Beel	2118	29c. Licens	30496	3		gned (Month,	
	3	, u	30. Name and address of person who		, , , , .						
			Francis Becker				k,Md. 21	701			
	Sta Registr		31. Date filed (Month, Day, Year)  CCT 0 2 20	32 Registrar's Signa	ature A	note!					
		_		Ar .							

DHMH 17 Rev 1/2001

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** SEPTEMBER 24 2006 4:25am CHARLES VERNON KENDALL /Medical 4c. County of Death 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death Examiner Chestertown Kent Chester River Hospital Center | If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Day, Y Sept 22 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign **Funeral** Year) 1918 Maryland 1<del>√</del>2 M 2 □ F 88 218-16-6949 Sept Director Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show Pages 1 and 2 should be filed within 72 hours after death with the Maryla ment of Heatith and Mental Hygiene.

ant: If item 27 is marked other than "natural", or itema 23e or 28e-1 show ury or other traumatic event, the Madical Examinat must be notified at MD Rock Hall 1 Yes 2 No Kent Funeral Director 10f. Zio Code 10g, Citizen of What Country? 10e. Street and Number 21661 5081 Skinners Neck Rd. U.S.A. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, 12. Was Decedent Ever in U.S. Armed Forces? 11. Marital Status Black White etc. TXTYes 2 No 1944 If Yes, Give Year or Dates: -1946 1 Never Married 2X Married Baltimore, Maryland 21215-0036 White 1 ☐ Yes 2 🔀 No Specify: Specify: Completed by 3 Widowed 4 Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Commercial Elementary/Secondary (0-12) College (1-4or 5+) Waterman Crabbing 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Charles N. Kendall Enia Mae Beck 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) (wife) 5081 Skinners Neck Rd. Rock Hall, MD. M. Lorraine Kendall 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 X Burial 2 ☐ Cremation 3 ☐ Removal from State permit. Page Depertment of Important: ff eny injury or Wesley Chapel Cem. 9/27/06 4 ☐ Donation 5 ☐ Other (Specify) Rock Hall, MD. 21. Sign sture of runeral Service Leensee 22. Name and Address of Facility
Galena Funeral Home of Stephen L. Schaech M00510 118 West Cross St. Galena, MD. the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, and failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final **Physician** disease or condition resulting in death) /Medical Examiner Gequentiary list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events Examiner or Attending Physician: The law requires that the death certificate be executed use as the burial-transit resulting in death) Last P.O. Box 68760, Completed by Physician/Medical IF FEMALE: 23c. If yes, outcome of pregnancy
1 ☐ Live birth 2 ☐ Fetal death
4 ☐ Pregnant at time of death 23d. Date of delivery 23b. Was decedent pregnant in the past 12 months? 3 Ectopic pregnancy Month Day 5 Other (specify) page 2 should be detached 1 ☐ Yes 2 ☐ No 9 Unknown Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

h/o Mouth and throat Canel 23e. Did tobacco use contribute to the cause of death? Division of Vital Records, 2 NO 3 Probably 4 Unknown 1 TYes 24b. Were autopsy findings available prior to completion of cause of death? autopsy perform 1 Yes 2 DH 1 Yes funeral director, 25. Was case referred medical examiner? Medical Certification: To Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 TYes Inpatient 2 ER/Outpatient 3 DOA 27. Manner of Death

1 Alatural

2 Accident 28c. Injury at Work? 28b. Time of 28d. Describe how injury occurred After 5 Pending 1 ☐ Yes 2 ☐ No investigation within 24 hours after death.

To the Funeral Director: A completely filled in by the fu 6 Could not be determined 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29a. Certifier 2 Medical Exeminer: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 2 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) 064388 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 120 Speer Rd. Chestertown, MD. 21620 Matthew J. King, M.D. 31. Date filed (Month, Day, Year) 32. Registrar's Signature State OGT 0 2 2006 Registrar

			1 - Stete Registrar Ce	artment of Health and Men rtificate of Death	ntal Hygier	/11Uh 31142
	Physicia		1. Decedent's Name <i>(First, Middl</i> e, <i>Last)</i> Mildred P. Lee		Date of Death Month ( ptembe:	3. Time of Death r 11 2006 3:10P M
	/Medic Examin		4a. Facility Name (If not institution, give street and number)	4b. City, Town, or Location of Death	<u> </u>	4c. County of Death
П	-xaiiiii	Ç.	Anne Arundel Medical Center	Annapolis		Anne Arundel
	Funeral		5. Social Security Number 6. Sex 7. Age (In yrs. last birthday $212-36-2183$ $1 \square M 2                                 $	If Under 1 Year   If Under 24 Hrs. 8.     Months   Days   Hours   Min.	Date of Birth (Month, Day, Yea ar 27	9. Birthplace (State or Foreign Country)
	Director		212-36-2183 1 M 2X F 67 Yrs.  Usual Residence of Decedent	Ma	ar 27	1939 Maryland
	yland now		10a. State 10b. County 10c. City, Town or L	ocation		10d. Inside City Limits
	e-fst	ctor	Maryland Anne Arundel Annapo	lis		1  Yes 2 □ No
	or 28	Dire	10e. Street and Number	10f. Zip Code		Citizen of What Country?
	s 23a	rai	901 E Royal St.  11. Marital Status 12. Was Decedent Ever in U.S. 13.	21401		JSA  14. Race - American Indian,
936	urs after de al', or Item gaminer i	by Funeral Director	11. Marital Status  1  Never Married 2 Married  1  Never Married 2 Married  1  Yes 2 No If Yes, Give Year or Dates:	Was Decedent of Hispanic Origin? (Specify If Yes, specify Cuban, Mexican, Puerto Rica  1 ☐ Yes 2 No Specify:	an, etc.)	Black, White, etc.  Specify: Black
21215-0036	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: If item 27 is marked other than "naturel; or Items 23a or 28a-f show any injury or other traumatic event. The Medical Examinar must be notified at once.	Completed	(Specify only highest grade completed) (Give	dent's Usual Occupation a kind of work done during most of working DO NOT use retired)	16b.	Kind of Business/Industry
	iled w Hygier Iher th		10th 0	Homemaker  18. Mother's Name (Fir		None
Maryland	ld be f ental h ked ol	To Be	Eli Tongue	Katherine		
ary	shou and M s mari	F		ing Address (Street and Number or Rural Ro	Tw .	
	and 2				7.	4d. 21401
Baltimore,	ges 1 of He If iten			osition (Name of Date matory or other place)		Location - City or Town, State
Ħ.	t. Pag rtment rtant: njury		'4 □Donation 5 □Other (Specify) Church (	Cemetery 9-18-0		est River, Md.
Ba	permi Depa Impo any ir		Larry B. Teese MOO483	2 Name and Address of Facility Vm. Reese & Sons 1 321 West St. Annay	polis,	Md. 21401
			Part1. Enter the disease, or complications that caused the deeth. Do not en shock, or heart failure. List only one cause on each line.  Immediate Cause (Final	ter the mode of dying, such as cardiac or res	spiratory arrest,	Approximate Interval Between Onset and Death
	Pnysician /Medical			cophalopathy		
	Examiner			,		
	P #	iner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury			
	ecute and trans	Examiner	Cause (Disease or injury that initiated events resulting in death) Last C.  Due to (or as a consequence of):			
8760,	cate be executed physician and the burial-transit	ai E	bue to (of as a consequence on).			
687	ificate g phys as the	edicai	d			
.O. Box	The law requires that the death certific Ite has been signed by the attending p bage 2 should be detached for use as i	Physician/Me		□Ectopic pregnancy □ Other (specify)		23d. Date of delivery Month Day Year
<b>Q</b>	w requires that been signed b should be deta	by	Part II. Other significant conditions contributing to death but not resulting in the	inderlying cause given in Part I.	23e. Did tobacc	o use contribute to the cause of death?
Vital Records,		Completed			24a. Was an autopsy performed 1 Yes 2	
Vita	Physicien: Th r this certificate ral director, pag	Be	25. Was case referred to medical examiner?	26. Place of Death (Ch		
of	ding Phys h. After this funeral di	T): To	es 2 No 1 Spatient 2 ER/Outpatie  27. Manner of Death 28a. Date of Injury 28b. Time of	THE SELECTION APPROXIMENT OF THE PROXIMENT 5 Residence Describe how in	6 ☐Other (Specify)  jury occurred	
ion	Attending I r death. sctor: After by the funer	atior	Statural 5 Pending (Month, Day Year) Injury 2 Accident investigation	Work? M 1 ☐ Yes 2 ☐ No		
Division	al or Attends after death if Director:	Certification:	3 ☐ Suicide 4 ☐ Homicide 6 ☐ Could not be determined 28e. Place of Injury - At home, farm, st building, etc. (Specify)		Location (Street City or Town, St	and Number or Rural Route Number, ate)
	To the Hospital or Attent within 24 hours after death To the Funerel Director: completely filled in by the	edical (	29a. Certifier (Check only one)  Check only one)  Check only one)  Check only one)  Check only one identified Exeminer: On the basis of examination and/or identified Exeminer: On the basis of examination and/or identified Exeminer: On the basis of examination and/or identified Exeminer: On the basis of my knowledge, deal of the basis of my knowledge, deal of the basis of my knowledge, deal of the basis of my knowledge, deal of the basis of my knowledge, deal of the basis of my knowledge, deal of the basis of my knowledge, deal of the basis of my knowledge, deal of the basis of examination and/or identified Exeminer: On the basis of examination and/or identified Exeminer: On the basis of examination and/or identified Exeminer: On the basis of examination and/or identified Exeminer: On the basis of examination and/or identified Exeminer: On the basis of examination and/or identified Exeminer: On the basis of examination and/or identified Exeminer: On the basis of examination and/or identified Exeminer: On the basis of examination and/or identified Exeminer: On the basis of examination and/or identified Exeminer: On the basis of examination and on the basis of examination and on the basis of examination and on the basis of examination and on the basis of examination and on the basis of examination and on the basis of examination and on the basis of examination and on the basis of examination and on the basis of examination and on the basis of examination and on the basis of examination and on the basis of examination and on the basis of examination and on the basis of examination and on the basis of examination and on the basis of examination and on the basis of examination and on the basis of examination and on the basis of examination and on the basis of examination and on the basis of examination and on the basis of examination and on the basis of examination and on the basis of examination and on the basis of examination and on the basis of examination and on the basis of examination and on the basis of examin	th occurred at the time, date and place, and of twestigation, in my opinion, death occurred at	due to the cause It the time, date a	o(s) and manner as stated. and place, and due to the cause(s)
)	To the within 2. To the I complet	M	29b. Signature and title of certifier	29c. License number	29d. I	Date signed (Month. Day, Year)
			30. Name and address of person who completed cause of death (Nem 23a) (Type	Print)	1 - 1	0
	4		Amor Mu Itune	Hundel Mo	dica	1 Conter
•	Sta Registr		31. Date filed (Month, Day, Year) SEP 1 5 2006 Registrar's Signature			

Please Type or Print in Black Indelible Ink
State of Maryland / Department of Health and Mental Hygiene

		1- For State Registrar		Certifica	te of Death		Reg. No. 200	6 3114
Physici Medical Exam		IMINIC	EDWARD		MARBURY		ath Day Year er 20, 2006	3 Time of Death 1730 hrs
		4a. Facility Name (if not institution 415 Clovis Avenue	n, give street and number)		4b City, Town, or Location	of Death	4c. County of Dea	
Funeral		5. Social Security Number	6. Sex 7. Age (I	n yrs. last birth	Capital Heights  day) If Under 1 Year I if Und	or 24Hrs R Date of B	Prince Georg	
Director		579-19-1666	1 X M 2 F 38	III yi s. iast biitii	Yrs Months Days Hours		irth(MM/DD/YYYY) 9. B BER 14 Fore 1967	irthplace (State or ignWASHINGTON ountry)
any		Usual Residence of Decedent  10a. State  10b. County	10	c. City, Town o	r Location			10d. Inside City Limits
<b>*</b> .	Ē	MD PRINC	CE GEORGE'S	САРТТО	OL HEIGHTS			1 X Yes 2 No
Maryland 28a-f show 1 at once.	Director	10e. Street and Number	A GHORGE B	OHITI	10f. Zip Code		10g Citizen of What Cou	
n the N 3a or		415 CLOVIS AV	'ENUE		20743		U.S.A.	
MD 21215-0036 2 should be filed within 72 hours after death with the Maryland h and Mental Hygiens 27 is market other than "natural", or items 23a or 28a-f she matic event, the Medical Examiner must be notified at once	Funeral	11. Marital Status 1 X Never Married 2 M	arried 12. Was Decedent Eventh Armed Forces?		13. Was Decedent of Hispanic Original If Yes, specify Cuban, Mexican	gin? ( Specify Yes or No i, Puerto Rican, etc.)	14. Race - Ame White, etc.	rican Indian, Black,
after al", o	by F		orced If Yes, Give Year		1 Yes 2 X No specify		Specify BI	LACK
hours matur Exam		15. Decedent's Education (Spe	cify only highest grade comple		ecedent's Usual Occupation (Give uring most of working life, DO NOT		16b. Kind of Business	/Industry
36 in 72 han "	Completed	Elementary/Secondary (0-12) $12  { m th}$	College (1-4 or 5+)		CONSTRUCTION WO	ŕ	PRIV	7 A TT E
215-0036 be filed within 72 tral Hygiene ked other than ent, the Medical	Som	17. Father's Name (First, Middle,	Last)			's Name (First, Middle,		AIE
21215-1 uld be filed Mental Hyg marked oth	Be (	JAMES R. PF	RAT			RETTA MARBI	,	
b 21215-00; should be filed with and Mental Hygiene 7 is marked other to natic event, the Med	^L	19a Informant's Name/Relations	,		Mailing Address (Street and Num	nber or Rural Route Nur	mber, City or Town, State	
		CHRISTOPHER M 20a. Method of Disposition	MARBURY/BROTHE		001 NEW JERSEY A Disposition (Name of cemetery,			
Baltimore, permit Pages I ar Department of Hee Important: If ite njury or other tr		1 Burial 2 Cremation	3 Removal from State	cremator	y or other place)	Date	20c. Location - City or	Town, State
Baltimore permit Pages   Department of the Important: If injury or other		4 Donation 5 Other Sp 21. Signature of Fundral Serv		RIVE	RDALE CREMATORY		RIVERDALE	
Ba perm Depa Impe		21. Signature of Farence	L+ccr see		22. Name and Address of Facility 7474 LANDOVER		ENKINS FUNE	
Physician		23a. Part I. Enter the disease, or	complications that caused the	death. Do not	enter the mode of dying, such as c			Approximate Interval
/Medical Examiner	i N	failure List only one cause Immediate Cause (Final disease	a. Liver Cirrho			Between Onset and Death		
LAGIIIIICI		or condition resulting in death)	Due to (or as a conseque					
	ē	Sequentially list conditions, if any, leading to immediate	b. Due to (or as a conseque	ence of);				-
	Examiner	cause. Enter Underlying Cause (Dicease of Injury that It Itlated	C					
ecuted and transit		events resulting in death) Last	Due to (or as a conseque d.	ence of):				
larar ex	n/Medical	X UNPENDED		23a pTT '	27,perME,g860,10/4/0	—————————————————————————————————————		<del> </del>
Sox 68760, death certificate be exelected attending physician of for use as the burial	Mec	IF FEMALE;	23c. If ves. outcome o		27, perme, good, 10/4/C	N 11	23d. Date of delivery	,
O → Oi) to	ian/	23b. Was decedent pregnant in the past 12 months?	Live birth	- 6 d 11	Fetal death 3 Ectopic	pregnancy		Day Year
Box 68 e death certif the attending ed for use as	Physicia	1 Yes 2 No 9 Unk	nown 9 Unknown	or death 5	Other (Specify)		1	3
n of Vital Records, P.O. Bing Physician: The law requires that the de After this certificate has been signed by the inneral director, page 2 should be detached?		Part II. Other significant condition	ons contributing to death but	t not resulting i	n the underlying cause given in Pa	rt I. 23e. Did to	bacco use contribute to	the cause of death?
J. D. nires the signed dbe do	bg by	Chronic narcoti	Sm			11Yes	2 No 3 Prob	pably 4 🗹 Unknown
ord w requas been	plet					24a. Was a autop		topsy findings available completion of cause of
Rec The la	Completed					perfor 1 ✓ Yes	med? death?	
Division of Vital Records, ral or attending Physician: The law requires after death al Director: After this certificate has been sited in by the funeral director, page 2 should the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the contr	Be	25. Was case referred to medical examiner?	Hamital		26.Place of Death (	Check only one)		
f Vi	ြ	1 Yes 2 No 27. Manner of Death	Hospital 1 Inpatient		atient 3 DOA Other		Residence 6 🗸 Other	: Scene
nding Phy th r: After the e funeral	Certification:	1 X Natural 5 Pendi	28a. Date of Injury (Month, Day, Year)	28D. 1III	ne of Injury 28c. Injury at Works  1 Yes 2		now injury occurred	
riSiC r Atte er dea rector	ficat	2 Accident Invest	tigation 28e Place of Injuny	- At home, farm	, street, factory, office building, etc		Street and Number or Ru	Post Aliante Aliante
Div ital or urs aft	ertii	Suicide 6 Could determ	THOU DO		, and any, amod building, old	or Town, St		al Route Number, City
Hosp 24 ho Fune etely fi		29a. Certifier (Check only 1 Certifying Ph	ysician: To the best of my kno	owledge, death	occurred at the time, date and place	ce, and due to the cause	e(s) and manner as start	ed.
Division of Vital To the Hospital or Attending Physician: within 24 hours after death To the Funeral Director: After this certif completely filled in by the funeral director.	Medical	one) 2 Medical Exam	niner: On the basis of examinat and manner stated	tion and/or inve	estigation, in my opinion, death occ	surred at the time, date a	and place, and due to the	acause(s)
	Σ	29b Signature and title of certifier			29c License number		29d. Date signed (Mon	oth, Day, Year)
		mes c			O.C.M.E.		September 21, 20	006
CR			stant Medical Examine	r 111 Pe	nn Street, Baltimore, MD 2	21201		
Sta Regist		31. Date filed (Month, Day, Year)  SFP 2 5 201	2. Registrar's Si	gnature	all s			
i vegisti	111	SEP 6 D (UI	36 Alders A	17.	N. W. W. W. W. W. W. W. W. W. W. W. W. W.			

Please Type or Print in Black Indelible Ink. Ensure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 1 1 - For State Registrar Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Day **Physician** Moriarty John Joseph р м September 11, 20066:10 /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Montgomery Bethesda Suburban Hospital If Under 1 Year | If Under 24 Hrs. 8. Date of Birth (Month, Day, Year Jan. 31, 1 9. Birthplace (State or Foreign Country) 1932 Massachusetts 7. Age (In yrs. last birthday) 5. Social Security Number **Funeral** Days Months Hours 1 ⊋ M 2 □ F 74 577-42-5585 Yrs Jan. Director Usual Residence of Decedent 10c. City, Town or Location 10a. State 10b. County 10d. Inside City Limits r than "natural", or items 23a or 28a-f ahov the Medical Examiner must be notified at Wheaton Maryland Montgomery 1 ☐ Yes 2√ No Director 10f. Zip Code 10g. Citizen of What Country? 10e. Street and Number 20902 USA 11612 College View Drive 12. Was Decedent Ever in U.S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, 11. Maritat Status Black, White, etc. 1⊠Yes 2□No If Yes, Give Year or Dates: Korea 1 X Never Married 2 ☐ Married Maryland 21215-0036 1 ☐ Yes 2 No Specify: Specify White à 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry d 2 should be filed within in and Mental Hygiene.
7 Is marked other than *r Elementary/Secondary (0-12) College (1-4or 5+) U.S. Army 12 Soldier 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Margaret Burke Michael Moriarty 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 11612 College View Drive, Wheaton, MD 20902 Frederick J. Masheter/ Nephew s 1 and 2 of Health Itam 27 Baltimore, 20b. Place of Disposition (Name of cemetery, crematory or other place) Important: If its, any injury or oth. 20a. Method of Disposition 20c. Location - City or Town, State Pages nent of h 1 € Burial 2 Cremation 3 Removal from State Sept. 15, Mt. Olivet Cemetery 4 ☐ Donation 5 ☐ Other (Specify) 2006 Washington, DC 21. Signature of Funeral Service Licenses Francis Adress Cortins Funeral Home Inc. 500 University Blvd, W, Silver Spring, MD 20901 ames 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) SEPSIS **Physician** /Medical Due to (or as a consequence of) Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events Due to (or as a consequence of) signed by the ettending physicien and dbe detached for use as the burial-transit resulting in death) Last Due to (or as a consequence of). 68760, Physician/Medical Box ( IF FEMALE 23c. If yes, outcome of pregnancy
1 ☐ Live birth 2 ☐ Fetal death 23d. Date of delivery 23b. Was decedent pregnant 3 Ectopic pregnancy in the past 12 months? Year Month Day 4 Pregnant at time of death 5 ☐ Other (specify) P.0. 9☐ Unknown 9 Unknown 23e. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. à Records, 1 Yes 2 10 No 3 Probably 4 Unknown Completed 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy perform 1 Yes 2 No 21600 1 Yes Vital To the Hospitel or Attending Physician: within 24 hours eiter death.

To the Funeral Diractor: After this certific completely filled in by the funeral director. Be 25. Was case referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA Certification: To 28a. Date of Injury (Month, Day Year) 27. Manner of Death 1 Natural 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Division 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 ☐ Could not be 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 29a. Certifier Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29c. License number 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifier

State Registrar 31. Date filed (Month, Day, Year) SEP 1 3 2006 32 Registrar's Signature

istrar's Signature

mo, mo

7+1

moriarty 1810

30. Name and address of person who complete cause of death (Item 23a) (Type, Print)
Truong Bao, M.D. 9 15 Medical Center Drive, #201, Rockville, MD 20850

00057124

			1 - For State Registrar	State of Marylar		artmen rtificate					Reg. No.	1116	311	45
	Physici /Medio		1. Decedent's Name (First, Middle, Last)  SEBASTIAN  1	MATHEW					S	Date of Dea Month eptem	ber	13, 2001		
	Examir	er	4a. Facility Name (If not institution, give s  UNIVERSITY OF MARYL  5. Social Security Number 6. Sex	AND MEDICAL			LTIM	ocation of D MORE If Under 24		Date of Birt	1	County of Dea	th	or Fornian
	Funeral Director			M 2□F 68	Yrs.	Months			Min.	(Month, Day	y, Year)	C	ountry)	or Foreign
	within 72 hours after death with the Maryland ene. Than "natural", or items 23e or 28e-f show he Marical East infer mast be notified at	Director	10a. State 10b. County Virginia Loudoun  10e. Street and Number		y, Town or Lo		Code				10g. Citi	izen of What C		City Limits
	fter death with r items 23a or ifter man be	Funeral DI	25230 Crossfield D	2. Was Decedent Ever in U Armed Forces? 1 ☐ Yes 2 1 No		Was Deced If Yes, spec	rfy Cuban,	Mexican, F	n? (Specifi Puerto Ric	Yes or No-	Indi	14. Race - Ame Black, Whi	te, etc.	
15-0036	n 72 hours at "natural", or vuical Exe	Completed by I	3 Widowed 4 Divorced  15. Decedent's Educ (Specify only highest grade	If Yes, Give Year or Dates:	16a. Dece	1 Yes dent's Usua kind of wor	l Occupati	Specify: on ring most o	f working		16b. Ki	Specify: As		
d 212	filed withi Hygiene. other then	e Comp	Elementary/Secondary (0-12)  17. Father's Name (First, Middle, Last)	College (1-4or 5+) 5+		essor		8. Mother's	Name (F	irst, Middle,		cation		
arylan	should be nd Mental marked c	To Be	Mathew Puthenpuray: 19a. Informant's Name/Relationship (Typ.		19b. Maili	ng Address		Marian d Number o			er, City o	or Town, State,	Zip Code)	
Baltimore, Maryland 21215-0036	of Health a of Health a of Health a litem 27 la Sother tra		Mathew Sebastian, \$ 20a. Method of Disposition  1 \$\mathbb{Z}\$Burial 2 □ Cremation 3 \$\mathbb{Z}\$Re 4 □ Donation 5 □ Other (Specify)	206. [	Place of Dispo cemetery, cres YTAX M	sition (Nan	ne of	ld Dri Se	ive, eptem 20	her	20c. Lo	ing, V- cation - City or fax, Vi	Town, State	
Baltii	permit. Page Department Important: It eny injury e		21. Signature of Funeral Service Ligense		27 F	Name an Unera 4522L	d Address 1 Chc Lee	of Facility DICES Rd.,	of C	hanti	llv	rginia		
	icate be executed  /Medical  Examiner transit  the private transit	Examiner	23a. Part1. Enter the disease, or complic shock, or heart failure. List only on Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	Due to (or as a consec	Myelo quence of):	,			rdiac or re	espiratory ar	rest,		Approxima Interval Be Onset and	etween
P.O. Box 68760,	The law requires that the death certificate be executed ate hes been signed by the attending physicien and page 2 should be detached for use as the burial-transit	Physician/Medical	in the past 12 months? 1 □ Yes 2 □ No 9 □ Unknown	3c. If yes, outcome of pregn 1 □ Live birth 2 □ Fett 4 □ Pregnant at time of o 9 □ Unknown	al déath 3[ death 5[	⊒Ectopic pr ⊒ Other (sp	ecity)					23d. Date of de Month	olivery Day	Year
	w requires that been signed should be de	Completed by F	Part II. Other significant conditions con	tributing to death but not res	sulting in the u	nderlying c	ause given	in Part I.	_	1 🗆 Y	es 27		o the cause of robably 4 [ utopsy finding completion of	]Unknown
tal Re		e Comp	25. Was case referred to medical					26 Place of	f Death (C		med? 2 No	death?	completion of	cause of
Division of Vital Records,	ding Physicien:  After this certification funeral director.	To B	examiner? 1  Yes 25 No H  27. Manner of Death 1 Natural 5 Pending	ospital: Inpatient 2 28a. Date of Injury (Month, Day Year)	ER/Outpatier 28b. Time o Injury		A Other: 8c. Injury a Work?	4 🗌 Nursi	ing Home		dence	6 □Other (Sperry occurred	ecify)	
Division	To the Hospital or Attending I within 24 hours after death.  To the Funerel Director: Atter completely filled in by the funer	Certification:	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. Place of Injury - At h building, etc. (Speci	ome, farm, str					Location (S City or Tox		nd Number or R	tural Route Nu	mber,
	the Hospital nin 24 hours a the Funerel I npletely filled	edical	(Check only one)	ner: On the bast of any km and manner stated.	wladge, deal ation and/or in	vestigation.	at the time in my opir	data and , nion, death	occurred	at the time,	date and	and manner a diplace, and du	e stated e to the cause	(s)
	To the vithin 2 To the complet	Σ	29b. Signature and title of certifier  Mart B	A	D		P 1 8	59	1			te signed (Mon em ber		06
			30. Name and address of person who co MARC F. BRAZIE, N	ND 22 South	GREFI	VE STI	REET,	BAL	TIMO	RE, N	1AR	YLAND	2120	7 /
¥	Sta Regist		31. Date filed (Month, Day, Year) SEP 1 8 20	32. Registrar's Sign	ature	parti								

			1 - For State Registrar Amend #26 p	State of Ma per FH/PHY	ryland / Departs 09–19–2	artment of H	lealth and Death	d Mental Hyg	0 0 Segunda	6 31146					
	Physical	N.	1. Decedent's Name (First, Middle, Last)					2. Date of Dea Month		3. Time of Death					
	Physici /Media		Willie Dean	Mosley					er 17, 2						
	Examin	er	4a. Facility Name (If not institution, give s			4b. City, Town, or		eath	4c. County of						
		All Control	2020 William Fran  5. Social Security Number 6. Sex		(In yrs. last birthday)	Frede		irs. 8. Date of Birth		derick					
	Funeral Director		-	M 2001F	63 Yrs.	Months Days		in. (Month, Day) Feb. 10	, Year)	Birthplace (State or Foreign Country)					
	ס		Usual Residence of Decedent		0.5			reb. 10	, 1945	Georgia					
	urylan nhow	L	Pennsy1-		10c. City, Town or Lo	ocation				10d. Inside City Limits					
	8a-f	oto	vania None		Philadelp					1 X Yes 2 ☐ No					
	with ti	Dire	10e. Street and Number	1 0		10f. Zip Code		1	0g. Citizen of Wh	•					
	eath ve 23	erai	1127 W. Cumberlan	d Street  12. Was Decedent Ev	ror in II S 12	191		(Specific Veneral)		d States American Indian,					
36	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23a or 28a-1 ahow any figury or other traumatic event, the Medical Event and must be notified at once.	by Funeral Director	1 Never Married 2 Married 3 Wildowed 4 Divorced	Armed Forces?  1 Yes 2 No If Yes, Give Year or Dates:		Was Decedent of Hi If Yes, specify Cuba 1 ☐ Yes 2 No	spanic Origin? n, Mexican, Pu Specify:	(Specify Yes or No- erto Rican, etc.)		White, etc. Black					
Š	2 hou	ted	15. Decedent's Educ	cation	16a. Dece	dent's Usual Occupa	ation		16b. Kind of Busin	ness/industry					
21	thin 7	Completed	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4or 5+	life.	kind of work done o DO NOT use retired	uring most of t )	vorking							
7	ed wi	Con		2		stered Nu				dical					
nd	be fill Hod off	Be	17. Father's Name (First, Middle, Last)					lame (First, Middle, I	,						
7	d Mer d Mer narke	70	Willie Johnson	O	401.33.00			arrie Swan							
Maryland 21215-0036	d 2 sl th and 7 ls r traur		19a. Informant's Name/Relationship (Ty)					Rural Route Number		21/02					
	of Health of Health if them 27 I		Kemmith L. Mosley 20a. Method of Disposition	/ 3011	20b. Place of Dispo	William F			rederick 20c. Location - Ci	, Maryland					
ο L	ages ent of at: If t		1 ⊠ Burial 2 ☐ Cremation 3 ☐ Ro 4 ☐ Donation 5 ☐ Other (Specify)	emoval from State		natory or other place	Sel	tember							
Baltimore,	ontar injur		21. Signature of Funeral Service License	ė 1	Ivory Hil				hiladelp						
m	Depa Impo	61	1222	21. Signature of Funeral Service Licensee 22. Name and Address of Facility Stauffer Funeral 1621 opossumtown Pike Frederick											
	Physician		23a. Part 1. Enter the disease, o complic shock, or heart failure. List only on Immediate Cause (Final disease or condition	cations that caused the cause on each line		A				Approximate Interval Between Onset and Death					
	/Medical		resulting in death)	Due to (or as a	consequence of):	may cu	Lus	ng Cance		-/ m					
	Examiner		Sequentially list conditions, b												
70	ed sit	Examiner	if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	Due to (or as a	consequence of):										
	icate be executed physician and the burial-transit	xan	that initiated events cresulting in death) Last	Due to (or as a	consequence of):										
8760,	siciar buri	dical													
ဖ	g phy as the	edic													
Вох	eath certific attending p for use as	M/UR	230. Was decedent pregnant	3c. If yes, outcome of 1□Live birth 2		Ectopic pregnancy			23d. Date of	of delivery					
	ed for	sicis	in the past 12 months?	4□Pregnant at til	_	Other (specify)			Month	Day Year					
P.0	that the de led by the a detached f	Physician/Me	9 Unknown												
Records,	The law requires that the death certificate has been signed by the attending sage 2 should be detached for use as	٥	Part II. Other significant conditions con	thouting to death but	not resulting in the u	nderlying cause give	en in Part I.	23e. Did tob		ite to the cause of death?  Probably 4 Unknown					
I Rec		Completed						24a. Was ar autops perform 1 Yes 2	y prio ned? dea	re autopsy findings available r to completion of cause of th? Yes 2 □ No					
Vita	ysician: Th	Be	25. Was case referred to medical examiner?	ospital:		I au		eath Check only							
Division of Vital	Phys this al di	5	1 Yes 22No	1 ☐ Inpatient 28a. Date of Injury	2 ER/Outpatien		4 🗆 Nursing	Home States		Spans House					
on	After fune	tion	Natural 5 Pending	(Month, Day	(ear) Injury	Work	at ? ′es 2.∐No	280. Describe no	w injury occurred						
/ISI	l or Attending after death. Director: After I in by the fune	fica	3 ☐ Suicide 6 ☐ Could not be	28e. Place of Injury	. At home, farm, str			28f. Location (St	reet and Number of	or Rural Route Number.					
á	tal or At rs after d el Direct ed in by	Certification;	4 Homicide determined	building, etc.	(Specify)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		City or Town							
	To the Hospital or A within 24 hours after To the Funerel Direction of the Funerel Direction of the Funerel Direction of the Funerel Direction of the Funerel Direction of the Funerel Direction of the Funerel Direction of the Funerel Direction of the Funerel Direction of the Funerel Direction of the Funerel Direction of the Funerel Direction of the Funerel Direction of the Funerel Direction of the Funerel Direction of the Funerel Direction of the Funerel Direction of the Funerel Direction of the Funerel Direction of the Funerel Direction of the Funerel Direction of the Funerel Direction of the Funerel Direction of the Funerel Direction of the Funerel Direction of the Funerel Direction of the Funerel Direction of the Funerel Direction of the Funerel Direction of the Funerel Direction of the Funerel Direction of the Funerel Direction of the Funerel Direction of the Funerel Direction of the Funerel Direction of the Funerel Direction of the Funerel Direction of the Funerel Direction of the Funerel Direction of the Funerel Direction of the Funerel Direction of the Funerel Direction of the Funerel Direction of the Funerel Direction of the Funerel Direction of the Funerel Direction of the Funerel Direction of the Funerel Direction of the Funerel Direction of the Funerel Direction of the Funerel Direction of the Funerel Direction of the Funerel Direction of the Funerel Direction of the Funerel Direction of the Funerel Direction of the Funerel Direction of the Funerel Direction of the Funerel Direction of the Funerel Direction of the Funerel Direction of the Funerel Direction of the Funerel Direction of the Funerel Direction of the Funerel Direction of the Funerel Direction of the Funerel Direction of the Funerel Direction of the Funerel Direction of the Funerel Direction of the Funerel Direction of the Funerel Direction of the Funerel Direction of the Funerel Direction of the Funerel Direction of the Funerel Direction of the Funerel Direction of the Funerel Direction of the Funerel Direction of the Funerel Direction of	edicai	one)	ician: To the best of ler: On the basis of e and manner state	xamination and/or inv	n occurred at the tim restigation, in my op	e, date and pla inion, death oc	ce, and due to the ca curred at the time, da	use(s) and manne ate and place, and	er as stated. I due to the cause(s)					
	To To Com	Σ	29b. Signature and title of dertifier	n MN		29c. License	number	29	9d. Date signed (A	Month, Day, Year)					
,	it		30. Name and address of person who cor	moleted cause of dea	th (Item 22a) (Tuna	Print)	7818°	<i>t</i>	1811	00					
	10		Elhamy Eska		MD 5	ol W	7th s1	reet Fre	derick,	MD 21701					
V ²	Sta Registr		31. Date filed (Month Day, Year) 20	32. Fegistrar	s Signature	Contract of									

06-07182 Cuc N. Nguyen Please Type or Print in Black Indelible Ink
State of Maryland / Department of Health and Mental Hygiene

		1- For State Registrar	•	e of Death	na monta	, 0	eg No. 200	6 3114
Physici ledical Exam		Decedent's Name (First, Middle, Last)     Cuc Ngoc Nguyen				2. Date of Dea Month	nth Day Year er 23, 2006	3. Time of Death 1352 hrs
		4a. Facility Name (if not institution, give street and number)	_	4b. City, Town,	or Location of D		4c. County of Deat	1
		2622 Newton Street		Silver Spr			Montgomery	
Funeral Director		577-19-0777 1XM 2F	yrs. last birthda			4.6	7th (MM/DD/YYYY) 9. Bi Forei C. 1969	
any		Usual Residence of Decedent  10a. State 10b. County 10c. Co	City, Town or I	Location				10d. Inside City Limits
W .	5	Maryland Montgomery	Silve	er Spring				1 Yes 2 X No
Maryla - 28a-f	Director	10e. Street and Number		10f. Zip Code		1	0g. Citizen of What Cou	intry?
ith the 23a or notifie		2622 Newton Street  11. Marital Status  12. Was Decedent Ever in	- 110 Ta		0902		Vietna	
eath w items ust be	uneral	1 X Never Married 2 Married Armed Forces?		<ol><li>Was Decedent of I If Yes, specify Cub</li></ol>			14. Race - Ame White, etc.	rican Indian, Black,
after d al", or ner m	by Ft	1 Yes 2 X No. 3 Widowed 4 Divorced If Yes Pear or Dates:		1 Yes 2X	No specify		Specify: Asia	an
hours a		15. Decedent's Education (Specify only highest grade completed		cedent's Usual Occup			16b. Kind of Business.	Industry
36 nin 72 than "	Completed	Elementary/Secondary (0-12) College (1-4 or 5+)  12		Electrici	an	,	Elect	trical
21215-0036 Uld be filed within 72 hours after death with the Maryland Manal Hygiens and Manal Hygiens marked other than "natural", or items 23a or 28a-f she event, the Medical Examiner must be notified at once	Con	17. Father's Name (First, Middle, Last)			18 Mother's N	ame (First, Middle, I	Maiden Surname)	
<b>~</b> 50 6 3	Be	Chau Nguyen				Nguyet T		
sho sho	유	19a. Informant's Name/Relationship (Type, Print )  Ngoc Nguyen/ Brother					mber, City or Town, State Spring. Mary	e, Zip Code) yland 20902
e, M 1 and 2 Health item 2		20a. Method of Disposition 20	0b. Place of D	isposition (Name of	cemetery,	Date	20c. Location - City of	
altimore, mit. Pages Lat partment of Her portant: If ite		1 X Burial 2 Cremation 3 Removal from State 4 Donation 5 Other Specify:		or other place) <b>Heaven Cemet</b>	· (2777)	ept. 30, 2006	1	ring, Maryla
Baltimore, I Benuit. Pages I and Department of Heal Important: If item injury or other tra		21. Signature of Funeral Service Licensee  A Compas S Chale		Prancided	ess of activity i	ns Funera	1 Home Inc.	
Physician		23a. Parti. Enter the disease, or complications that daused the de failure. List only one cause on each line.	eath. Do not er	nter the mode of dyin	g, such as cardi	ac or respiratory arr	est, shock, or heart	Approximate Interval Between Onset and
/Medical Examiner		Immediate Cause (Final disease a. Atherosclerotic		vascular dis	sease			Death
		b	ce of):					
	iner	Sequentially list conditions, if any, leading to immediate Due to (or as a consequence cause. Enter Underwing Cause)	ce of):					
Ţ	Examiner	(Disease or injury that initiated events resulting in death) Last	ce of):					-
760, icate be executed physician and the burial - trans	<u></u>	d						<del></del>
760, ficate be exe g physician the burial -	/Medical			erME,g860, 1	0/5/06 TI		Landa	
		IF FEMALE: 23b. Was decedent pregnant in the past 12 months?   23c. If yes, outcome of p	pregnancy 2	Fetal death 3	Ectopic pre	egnancy	23d. Date of deliver Month	y Day <b>Y</b> ear
OX Sath a atter	Physician	1 Yes 2 No 9 Unknown 9 Unknown	of death 5	Other (Specify)			104	
0 23	<u>۾</u>	Part II. Other significant conditions contributing to death but no	not resulting in	the underlying cause	e given in Part I.	23e. Did to	obacco use contribute to	the cause of death?
Records, P.O. In the law requires that the cate has been signed by it page 2 should be detached.	d by					1 Yes	s 2 No 3 Pro	bably 4 🗸 Unknown
Records, The law require	Completed					24a. Was autop	prior to	utopsy findings available completion of cause of
Reco	mo					perfo 1 <b>✓</b> Yes	rmed? death? 2 No 1 ✔ Y	es 2 No
tal Recionant The certificate	Be (	25. Was case referred to medical examiner?			Other Nu			
1 of Vital Jing Physician After this certifuneral director	2	1 Yes 2 No Inpatient 2  27. Manner of Death 28a. Date of Injury			ijury at Work?		Residence 6  Othe	r: Scene
on c ending ath or: Af he fun	tion	Natural 5 Pending (Month, Day, Year)			Yes 2 No		,,,	
Division of Vital   Hospital or Attending Physician: 24 hours after death Femeral Director: After this certifi tely filled in by the funeral director,	Certification:	2 Accident Investigation 3 Suicide 6 Could not be 28e. Place of Injury - A	At home, farm,	street, factory, office	building, etc.	28f Location (9 or Town, S	Street and Number or Ru	ural Route Number, City
Di spital hours a neral I	Cert	4 Homicide determined (Specify)				or rown, s	naie)	
To the Hos within 24 h To the Fur	Medical	29a. Certifier 1 Certifying Physician: To the best of my know one) Wedical Examiner: On the basis of examinatio						
To the I within 2 To the I complet	Med	and manner stated.  29b. Signature and title of certifier			nse number		29d. Date signed (Mo	
		hig his, mos		0.0	C.M.E.		September 24, 2	
		30. Name and address of person who completed cause of death (I						
Part		Ling Li, MD Assistant Medical Examiner 1			, MD 21201			
S Regis	tate		mature A	barle				

			1 - For Stete Registrar	State of Maryla	and / Depa <i>Ce</i>	artment of He <i>rtificate of D</i>	alth and Me <i>eath</i>	ntal Hygien		31149
H	Physici	an	1. Decedent's Name (First, Middle, Las.	•				. Date of Death Month D	ay Year	3. Time of Death
	/Medic	al	Doris L 4a. Facility Name (If not institution, give		Nickle	4b. City, Town, or Le		eptember	23, 2006 lc. County of Deat	
*	Examin Funeral Director	er	Memorial Hospital 5. Social Security Number 6. Se		rrs. last birthday) Yrs.	Cumber1	and If Under 24 Hrs.   8		11egany	nplace (State or Foreign
	wc wc		Usual Residence of Decedent  10a. State 10b. County	10c.	City, Town or Lo	ocation				10d. Inside City Limits
	Many a-f sho	tor	MD Allegar	ıy	Cum	berland				1⊠Yes 2□No
	or 284	Director	10e. Street and Number			10f. Zip Code		10g. C	Citizen of What Co	untry?
	sath w	eral	20 Long Drive	12. Was Decedent Ever in	-110 140		1502	b. V a. N	USA 14. Race - Ame	ring to die
5-0036	should be filed within 72 hours after death with the Marylend d Mental othygiene. marked other then "naturel" or items 23a or 28a-f show maric event, the Medical Exeminer must be routiled at	by Funeral	11. Marital Status  1 Never Married 2 Married  3 Widowed 4 Divorced	Amed Forces?  1 Yes 2 No If Yes, Give X Year or Dates:	i	Was Oecedent of Hisp If Yes, specify Cuban, 1 ☐ Yes 2 No	Mexican, Puerto Ric	can, etc.)	Black, White	e, etc.
<u> </u>	n 72 h	letec	15. Decedent's Edi (Specify only highest grad	ucation de <i>completed)</i>	16a. Dece (Give	dent's Usual Occupation kind of work done dur DO NOT use retired)	on ring most of working	16b.	Kind of Business/	Industry
212	iene. r then	Completed	Elementary/Secondary (0-12)	College (1-4or 5+)		President		Ва	nk	
Maryland 2121	al Hygien al Hygien d other th	Bec	17. Father's Name (First, Middle, Last)			11	8. Mother's Name (F			
<u> </u>	should be Ind Mental I	2	Wilbur Thrasher		10. 11.00			(Whitney)		
	alth ar		19a. Informant's Name/Relationship (T John Nickle	husband	d 20 l	ng Address (Street and Long Drive		Cumberl	and M	D 21502
altimore,			20a. Method of Disposition 1 □ Maurial 2 □ Cremation 3 □ 1 4 □ Donation 5 □ Other (Specify)	Lennovar nom State	b. Place of Dispo cemetery, cre fillcrest Me	osition (Name of matory or other place) emorial Park	Date 9/		Location - City or umberlan	
Ball	permit. Page Department of Important: If eny injury or once.		21. Signature of Funeral Service Licens	MU	/ ( 2:	2. Name and Address Scarpelli 108 Virgin	funeral Hon nia Avenue:		d MD 2150	2
			23a Part . Enter the disease, or comp shock, or heart failure. List only of	lications that caused the dine cause on each line.	eath. Do not en					Approximate Interval Between
	Physician		Immediate Cause (Final disease or condition resulting in death)	Bradyo	creyt	hmia				Onset and Death
П	/Medical Examiner		f	Due to (or as a cons	Λ .	to . Die	se ase			
	n =	ner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	b. Coronac Due to (or as a cons		icy Di	se use			
	ecutèd and -transit	Examiner	cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	c Due to (or as a cons						
68760,	ficate be executed physicien and is the burial-transit	alE		Due to (or as a cons	sequence on).					
98	4	ledical		d						
P.O. Box	the death certif	Physician/M	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 □ Yes 2 □ No 9 □ Unknown	23c. If yes, outcome of pre 1□Live birth 2 □ F 4□ Pregnant at time of 9□ Unknown	etel death 3	☐Ectopic pregnancy ☐ Other (specify)			23d. Date of deli Month	very Day Year
	res that the de signed by the a i be detached f		Part II. Other significant conditions co	ntributing to death but not	resulting in the u	ınderlying cause given	in Part I.	23e. Did tobacco	use contribute to	the cause of death?
Ž	w require been sig should b	ted t	Hypertension	`				1 ☐ Yes	2 🕅 No 3 🗆 Pro	obably 4 Unknown
	The lar	Completed by						24a. Was an autopsy performed? 1 ☐ Yes 2 ☑ N	death?	topsy findings available completion of cause of
<u> </u>	Attending Physician: Thir death. ector: After this certificete by the funeral director, par	To Be	25. Was case referred to medical examiner?  1 ☐ Yes 2 No	Hospital: 1 Ninpatient 2	2 ☐ ER/Outpatier	Othor	6. Place of Death (0		6 Flores (8	
Division of	g Phy ter this neral o		27. Manner of Death	28a. Date of Injury (Month, Day Year	28b. Time o			d. Describe how inj		iny)
<u> </u>	Attending F death. ctor: After y the funera	catic	1 Natural 5 Pending 2 Accident investigation 3 Suicide 6 Could not be			M 1 Ye	s 2 No			
2	s after of by Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Direct of Di	Certification:	4 Homicide determined	28e. Place of Injury - A building, etc. (Spe	it home, farm, sti ecify)	reet, factory, office	281	Location (Street a City or Town, Sta	and Number or Ru te)	ral Route Number,
	To the Hospital or Attenwithin 24 hours after deation to the Funerel Director: completely filled in by the	edical	29a. Certifier 1 Certifying Phy one) 1 Medical Exam	rsicien: To the best of my iner: On the basis of exam and manner stated.	knowledge, deat nination and/or in	h occurred at the time, vestigation, in my opin	date and place, and ion, death occurred	due to the cause( at the time, date a	s) and manner as nd place, and due	stated. to the cause(s)
	To the within 2 To the complet	Me	29b. Signature and file of certifier	/	. (	29c. License n	umber	29d. D	ate signed (Month	, Day, Year)
			1 Janes	Talk	· >	D54411		Sep	tember 0	4, 2006
	5		30. Name and address of person who can be been been been been been been been	ompleted cause of death (		rial Ave	Cumber	land A	1D ale	502
	Sta		31. Date filed (Month, Day, Year)	32. aegistrar's Si	gnature	by all -	Cu noci	.00.101, 1	01	X
	Registr	ar	OCT 0 2 20	06 Been	S. As	BOLL !				

			1 - For State Registrer	State of M	aryland		artment of H tificate of				ene 2006	31150
	Physici		1. Decedent's Name (First, Middle, La Rebecca Rosenb	-	t					Date of Death Month ept. 1	. 1 ^{Day} 2006	3. Time of Death 6:56 A M
	/Medic Examin		4a. Facility Name (If not institution, giv Classic Residenc	re street and number)			4b. City, Town, o				4c. County of I	Death
	Funeral Director			Sex 7. Ag 1 □ M 2 □ F	је (In yrs. Ia 97	as <i>t birthday)</i> Yrs.	If Under 1 Year Months Days	If Under Hours	Min. Ap	Date of Birth (Month, Day,	^Y 1909 Ri	Birthplace (State or Foreign Country) 1SSIA
	and w		Usual Residence of Decedent  10a, State 10b, County		10c. City	, Town or Lo	cation					10d. Inside City Limits
	Maryl f sho	to	MD Montgom	ery		evy Cl						1 Yes 2 No
	r 28a	Director	10e. Street and Number			,	10f. Zip Code			10	g. Citizen of Wha	at Country?
	th with 230 o	al D	8100 Connecticut	Ave. #120	6		20815	5		U	SA	
Baltimore, Maryland 21215-0036	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Importent: If item 27 is marked other than "naturel", or Items 23e or 28a-f show emptorent: If item 27 is marked other than "naturel", or Items 23e or 28a-f show emptorent: Item and the routiled at once.	by Funeral	11. Marital Status  1  Never Married 2 Married 3  Widowed 4 Divorced	12. Was Decedent Armed Forces? 1 Yes 2 If If Yes, Give Year or Dates:	Ever in U.S		Vas Decedent of F f Yes, specify Cub Yes 2 No	fispanic Ori an, Mexical Specify:		Yes or No- in, etc.)		American Indian, White, etc. Vhite
5	72 ho	etec	15. Decedent's E			16a. Deced	lent's Usual Occup	ation during mos	t of working	1	6b. Kind of Busin	ess/Industry
121	within	Completed	Elementary/Secondary (0-12)	College (1-4or	5+)	Homen	kind of work done 90 NOT use retire naker	d)	3	0	wn Home	
2	filed v Hygie ther t		17. Father's Name (First, Middle, Last	4			ianci	18. Mothe	er's Name (Fi		aiden Sumame)	
an	id be ental ked o	To Be	Phillip Kopel						len			
ary	shou and M s mar umat	-	19a. Informant's Name/Relationship	Type, Print)		19b. Mailin	g Address (Street			ute Number,	City or Town, Sta	te, Zip Code)
Σ,	and 2 salth an 27 line reer tree		Linda R. Sher /	Daughter		-	McGill To	errac	e,N.W.	Washir	ngton DC	20008
ore	of He		20a. Method of Disposition  1 Burial 2 Cremation 3	Removal from State	20b. Pla	ace of Dispo metery, cren	sition (Name of natory or other plac	ce)	Date	2	Oc. Location - City	y or Town, State
Ē	tment tent:		' 4 ☐ Donation 5 ☐ Other (Special	(y)	Nat		Cremato		9/13/2			hurch,VA
Ba	permit Depar Impor eny in		21. Signature of Flunerat Service Lice	unay		5.1		nsin	Ave. N	W Wash	ington,	ns Inc. DC 20016
	8	8	23a. Part1. Enter the disease, or com shock, or heart failure List only	plications that caused one cause on each li	the death. ne.	. Do not ente	er the mode of dyin	ng, such as	cardiac or res	spiratory arres	st,	Approximate Interval Between Onset and Death
	Prysician	i IV	Immediate Cause (Final disease or condition resulting in death)	_{a.} _Inaniti	on							Months
	/Medical Examiner		Tooling in doding	Due to (or as								
		e.	Sequentially list conditions, if any, leading to immediate	b. Advance						-		Years
	d ansit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events									
ó	cate be executed physician and the burial-transit	Exa	resulting in death) Last	Due to (or as	a consequ	ence of):						
8760,	ate be hysici the bu	dical		_ d.								
9		/Mec	IF FEMALE:	Oge If was autooms	of aronn on							
.O. Box	The law requires that the death certific te has been signed by the attending p age 2 should be detached for use as	Physician/Me	23b. Was decedent pregnant in the past 12 months? 1 ☐ Yes 2 ₹ No 9 ☐ Unknown	23c. If yes, outcome  1 Live birth  4 Pregnant at  9 Unknown	2 Fetal	death 3	Ectopic pregnancy Other (specify)	′			23d. Date of Month	delivery Day Year
<u>α</u>	res that the signed by be detact	y Ph	Part II. Other significant conditions	contributing to death b	ut not resu	tting in the ur	derlying cause giv	en in Part I		23e. Did toba	cco use contribut	te to the cause of death?
Records,	quires n sign	ed by								1 🗆 Yes	2 <b>⊠</b> No 3 □	Probably 4 Unknown
000	aw requir as been s 2 should	Completed								24a. Was an	24b. Wer	e autopsy findings available
	The lay cate has page 2	mo								autopsy performe 1 Yes 2	ed? deat	
Vital	ysicien: Th is certificate director, pag	Bec	25. Was case referred to medical examiner?					26. Place		neck only one)	21	A
	Physicien: this certific ral director.	P.	1 ☐ Yes 2 ☐XNo	Hospital: 1  Inpatie		R/Outpatien		4 🗆 190			ce 6 Other (	Specify)
uc	ding P h. After funer	ion	27. Manner of Death  1 ▼Natural 5 □ Pending	28a. Date of Inju (Month, Da	y Year)	28b. Time of Injury	28c. Injur Wor M 1	yat k? Yes 2 🗍 i		Describe how	injury occurred	
Division of	Attending or death.	fica	2 Accident investigatio 3 Suicide 6 Could not b	e aga Blaca of Ini	ury - At hor	ne, farm, stre	et, factory, office	103 20	-	Location (Stre	et and Number o	r Rural Route Number,
<u> </u>	al or a after I Dire	Certification:	4  Homicide determined	building, et	c. (Specify)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			City or Town,		
	To the Hospital or Attending I within 24 hours after death. To the Funerel Director: After completely filled in by the funer	Medical (	29a. Certifier 1 Certifying Ph (Check only one) 2 Medical Exer	nysicien: To the best niner: On the basis o and manner et	f examinati	rledge, death on and/or inv	occurred at the tinestigation, in my o	ne, date an pinion, dea	d place, and o th occurred at	due to the cau t the time, date	ise(s) and manne e and place, and	r as stated. due to the cause(s)
	To th withir To th comp	Me	29b. Signature and title of certifier	. / -	1	0	29c. Licens				d. Date signed (M	
)	_		· Stull	C SA	11/	_	D3545	6		S	ept. 11,	2006
(	3		30. Name and address of person who Ly1a McConnell M					Chevy	Chase,	MD 20	815	
	Sta Registr		31. Date filed (Month, Day, Year) SEP 13			re do						

			1 - For State Registrar	State of Maryla		artment of			giene Reg. No. 006	31151
			1. Decedent's Name (First, Middle, Last)					2. Date of Dea	ith	3. Time of Death
	Physici /Medic		Jeffrey I	Prew Pe	eterson			Sept	.11,2006	″ 1720 ^м
	Examin		4a. Facility Name (If not institution, give si				, or Location of De		4c. County of De	eath
			Holy Cross Hosp				ver Spr		Montg	
Н	Funeral		5. Social Security Number 6. Sex 1 🗵	M 2□ F 7. Age (In y	rs. last birthday) Yrs.	If Under 1 Year Months Day		in. (Month, Day	9. E	Birthplace (State or Foreign Country)
	Director		Usual Residence of Decedent	10				reb. I	7,1966	Germany
	yland		10a. State 10b. County MD Montgon		City, Town or Lo					10d. Inside City Limits
	e Ma	cto	MD Montgon	lery	Kensin	gton				1 ☐ Yes 2 No
	or 26	Dire	10e. Street and Number			10f. Zip Code			10g. Citizen of What	Country?
	s 23a	Funeral Director	3720 Nimitz Roa				0895		USA	
	er de	une		2. Was Decedent Ever in Armed Forces?	n U.S. 13.	Was Decedent of f Yes, specify Cu	l Hispanic Origin? Iban, Mexican, Pu	(Specify Yes or No- lerto Rican, etc.)	14. Race - A. Black, W	merican Indian, hite, etc.
36	urs aff	by F	1 Never Married 2 Married 3 Widowed 4 Divorced	1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates:		1⊡Yes 2∏XN	o Specify:		Specify h	ite
ŏ	be filed within 72 hours after deeth with the Maryland at Hygiene. Hygiene 14 Hygiene 15 or (teme 28 or 28 a-f ehow other then "natural", or (teme 28 or 28 a-f ehow event, the Madical Exaciliar mant be inclified at	Completed	15. Decedent's Educ		16a. Dece	dent's Usual Occ	upation		16b. Kind of Busine	ss/Industry
21	thin 7	nple	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4or 5+)	life.	DO NOT use retii	e during most of red)	working	D 1.1	
2	ygien ygien ser th	Con	12			Artist			Potte	ry
Maryland 21215-0036	be fi	Be	17. Father's Name (First, Middle, Last) Peter Richard Pe	terson Sr				Name (First, Middle, ra Cross		
Ž	d Meuld d Meuld mark	၉	19a. Informant's Name/Relationship (Typ		-	a Address (Stm.			r, City or Town, State	Z- Code)
Σ	th an trau		Andrea Ruhman/Si						Polson,	
ē,	t Hear		20a. Method of Disposition	208	o. Place of Dispo			Date	20c. Location - City	
Ĕ	Page int: If		1 ☐ Burial 2 ☑ Cremation 3 ☐ Re 4 ☐ Donation 5 ☐ Other (Specify)	moval from State	Chesap	eake C	rem 9/1	3/06	Beltsvil	lle,Md.
Baltimore,	permit. Pages 1 and 2 should be filed within 72 hours after deeth with the Marylan Department of Health and Mental Hygiene. Importment of Health and Mental Hygiene. Important: If tem 27 is marked other than "natural; or Items 23a or 28a-f show eny injury or other traumetic event, the Madical Examinatinal be notified at once.		21. Signatur vo Funeral Service Lice re-	00 1	P	HABUTE TUD Add	oss R TanaL		AL SERV	·
_	8258		I flely & some	(d)	9	241 Co.	lumbia	Blvd.Sil	ver Spri	ng,Md20910
П		İ	23a. Part1. Enter he disease, or complic shock, or heart failure. List only one	ations that caused the de cause on each line.	eath. Do not ent	er the mode of d	ying, such as card	liac or respiratory arr	rest,	Approximate Interval Between
	Physician		Immediate Cause (Final disease or condition	Anoxic	Enceph	alopath	ıy			Onset and Death
	/Medical Examiner		resulting in death)	Due to (or as a cons						
	×.	-	Sequentially list conditions, b.	Status Due to (or as a cons		Licus				
	ned insit	min	if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	545 (5. 45 4 55)	70quo.100 01/.					
Ć	execting and ital-tra	Examiner	that initiated events c. resulting in death) Last	Due to (or as a cons	sequence of):					
8760,	ficate be executed physicien and s the burial-transit	dical	d.							
9	artifica ing ph a as th	Med	IF FEMALE:							
ô	ath ce ttendi	an/	23b. Was decedent pregnant in the past 12 months?	c. If yes, outcome of pred 1 ☐ Live birth 2 ☐ F	etal death 3	Ectopic pregnan	су		23d. Date of o	lelivery Day Year
_ O	that the death certif ed by the attending detached for use as	ysic	1 ☐ Yes 2 ☐ No 9 ☐ Unknown	4□Pregnant at time o 9□Unknown	of death 5	Other (specify)			NO.	Day Tour
ď	Attending Physicien: The law requires that the death certific redeath.  •ctor: After this certificate has been signed by the attending is the funeral director, page 2 should be detached for use as	by Physician/Me	Part II. Other significant conditions cont	ributing to death but not i	resulting in the ur	nderlying cause o	rven in Part I.	23e. Did to	bacco use contribute	to the cause of death?
ds,	w requires that been signed I should be det	d b	Renal Failure					1 🗆 Y	es 2 □ No 3 □	Probably 4 Unknown
Ö	s beer	Sete	Seizure Disord	er				24a. Was a	n 24b, Were	autopsy findings available
Re	The lay te has	Completed						- autops perfori	ned death	autopsy findings available o completion of cause of ?
ta	ysicien: The l is certificate ha director, page	BeC	25. Was case referred to medical examiner?				26. Place of D	1 ☐ Yes eath (Check only on	-	BS 2 110
× >	Physic this ce al dire	2	1 ☐ Yes 2 No	spital: 1 Inpatient 2	☐ ER/Outpatien	t 3 DOA	ther: 4 🗆 Nursing	Home 5□Reside	ence 6 □Other (Sp	pecify)
Ē	ing P	on:	27. Manner of Death 1 XNatural 5 ☐ Pending	28a. Date of Injury (Month, Day Year,	28b. Time of Injury	W		28d. Describe ho	ow injury occurred	
Sic	ttend death tor: /	cat	2 Accident investigation 3 □ Suicide 6 □ Could not be	One Disease Heises A	16		□Yes 2□No	00/ 1 /0		
Division of Vital Records, P.O. Box	or A after Direct in by	ertification:	4 ☐ Homicide determined	28e. Place of Injury - A building, etc. (Spe	t nome, tarm, streecity)	eet, factory, office	9	City or Town	reet and Number or n, State)	Rural Route Number,
_	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	O	29a. Certifier Certifying Physi	cian: To the best of my k	nowledge, death	occurred at the	time, date and pla	ice, and due to the c	ause(s) and manner	as stated.
	To the Hospita within 24 hours To the Funeral completely filled	Medical	(Check only 2 Medical Examine one)	or: On the basis of exam and manner stated.	ination and/or inv	estigation, in my	opinion, death oc	curred at the time, d	ate and place, and d	ue to the cause(s)
	comp	ž	29b. Signature and title of certifier			A	nse number		9d. Date signed (Mo.	
•	5		· & Man			25	4347		09-12-	2006
	-		30. Name and address of person who com			,				
			Neeraj Chopra  31. Date filed (Month, Day, Year)	MD P.O.B		19 Gait	hersbu	rg,Md 20	883	
	Sta Registr			06 32. Hogistrar's Sig	J. A.	and I				

PETERSON, JEFFREY

State of Maryland / Department of Health and Mental Hygiere 006 Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** Month Year ZOAM James F. Parran, Jr. SEPT 2006 /Medical 4a. Facility Name (If not institution, give street and number) 4c. County of Death 4b. City, Town, or Location of Death Examiner **Baltimore** 2901 East Strathmore Avenue If Under 1 Year If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthday) Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** Days Min. Months 1**X** M 2□ F Hours 218-30-3570 72 Yrs Director Mar 23, 1934 Maryland Usual Residence of Decedent 10b. County 10c. City, Town or Location 10a. State 10d. Inside City Limits s 23s or 28e-f show 1 XYes 2 □ No Director MD Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 2303 Pentland Drive #402 21234 U.S.A. Funeral Pages 1 and 2 should be filed within 72 hours after death 12. Was Decedent Ever in U.S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status 14. Race - American Indian, the Mudical Examiner. Black, White, etc. 1 ☐ Yes 2X No If Yes, Give Year or Dates: 1 Never Married Married Baltimore, Maryland 21215-0036 ь 1 ☐ Yes 2 No Specify: Black Completed by 3 Widowed 4 Divorced "natural" 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry al Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) Truck Driver Cement Company 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be n and Mental I Eloise Parker James F. Parran, Sr. 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Gail Jackson/daughter 2303 Pentland Drive #402 Baltimore, MD 21234 if of Health other 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 6 X Burial 2 ☐ Cremation 3 ☐ Removal from State Department of Important; If any injury or once. 09/18/06 Port Republic, MD * 4 ☐ Donation 5 ☐ Other (Specify) Ches. Highlands Mem. Gardens 21. Signature of Funeral Service Licensee 22. Name and Address of Facility
Sewell Funeral Home 1451 Dares Beach Road Prince Frederick, MD 20678 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final ASpiration Physician disease or condition resulting in death) week /Medical Due to (ones a consequence of): Examiner LAFON CATS Sequentially list conditions, cause. Enter Underlying Cause (Disease or injury Examiner Due to (or as a consumence of The law requires that the death certificate be executed for use as the burial-transit that initiated events resulting in death) Last Due to (or as a consequence of) Box 68760. Physician/Medical IF FEMALE: 23c. If yes, outcome of pregnancy 1 ☐ Live birth 2 ☐ Fetal dea 23d. Date of delivery 23b. Was decedent pregnant 3 Ectopic pregnancy 2 Fetal death in the past 12 months?
1 ☐ Yes 2 ☐ No Day Month Year 4 Pregnant at time of death 5 Other (specify) Division of Vital Records, P.O. 9 Unknown 9 Unknown Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? þ Be Completed 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown this certificate has been 24b. Were autopsy findings available prior to completion of cause of death? 24a. Wasan autopsy performed 1 Yes 1 🗌 Yes Attending Physician: funeral director, 25. Was case referred to medical examiner? 26. Place of Death (Check only one) 1 ☐ Yes 2 No Other ther (Specify) ASSISTE Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 4 ☐ Nursing Home 5 ☐ Residence 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injuly occurred 0) After 1. Natural 5 Pending death. 1 ☐ Yes 2 ☐ No investigation М 2 Accident the Diractor: 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) filled in by 4 Homicide Hospitel or within 24 hours a To the Funaral D 29a, Certifier 1) Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the Medical Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one) 29b. Signature and title of certifier 29d. Date signed (Month, Dav. Year) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

MATTHEW MCNFBary 40 31. Date filed (Month, Day, Year) SEP 1 5 2006 32. Registrar's Signature State Registrar

			1 - For State Registrar	St	ate of	Marylar				ealth and Death	Mental	Hygiene Reg. No	11116	3115	53
			1. Decedent's Name (First, Mic	idle, Last)		-					2. Date of	f Death		3. Time of Dea	ath
	Physici /Medic		Carolyn I	itts							Ser	t. 12	2, 200	6 12:37 I	рм
	Examin		4a. Facility Name (If not institu	-						Location of Dea	th		County of De		
			Washington A	Advent			tal last birthday)			Park If Under 24 Hr	s. 8. Date o		ontgo	mery Birthplace (State or Fo	orgian
	Funeral Director		228-72-1645	1 M		5 <del>(</del>		Months		Hours Mir	9-20	, Day, Year) -1949		shington,	
	ס		Usual Residence of Decedent						1						
	arylan show	_	10a. State 10b. Cour				ity, Town or Lo							10d. Inside City ☐	
	8e-f	ecto		ce Geo	orge	Ox	on Hil		o Code			10- 03	izen of What		
	with the or it	ā	10e. Street and Number 6259 Oxon H	ill Ro	ad				745			rog. Cit	USA	Country	
	death with the Maryland oms 23a or 28e-f show r must be notified at	Funeral Director	11. Marital Status	12. W	Vas Dece	dent Ever in U	J.S. 13. \	Was Dece	dent of H	ispanic Origin? (	Specify Yes o	r No-	14. Race - A	merican Indian,	
215-0036	permit. Pages 1 end 2 should be filed within 72 hours after death with the Marylan Department of Health and Mental Hygiene.  Department of Health and Mental Hygiene.  Department of Health and Mental Hygiene.  The Madical Examination of the profiled at any injuryee, other traumatic avant, the Madical Examination with the notified at anne.	by	1 X Never Married 2 ☐ M 3 ☐ Widowed 4 ☐ Divord	arned 1	med For Yes Yes, Give 'ear or Da	2 <b>X</b> □ No 9		iYes, spe 1 □ Yes		n, Mexican, Pue Specify:	rto Hican, etc	.)	Black, W Specify:	Black	
ဂ ဂ	72 ho	Completed	15. Deced (Specify only hig	ent's Education	n n <i>pleted</i> )		16a. Deced	dent's Usu kind of wo	al Occupa	ation during most of w	orking	16b. K	ind of Busine	ss/Industry	
7	within ne.	mple	Elementary/Secondary (0-12		ollege (1-	-4or 5+)	life. I	DO NOT u	se retired	)		7200	taura	~ <del>+</del>	
Z	Hygie Hygie Ither t		17. Father's Name (First, Midd	le Last)			CC	ook		18. Mother's Na	me (First, Mi			.nc	
/land	d be de de de de de de de de de de de de de	To Be	Leon Styles	-,,					İ	Georgi	,		,	tts	
ary	shour ond M s mar	-	19a. Informant's Name/Relation	nship <i>(Type, F</i>	Print)		19b. Mailir	ng Address		and Number or F					
, Ma	end 2 salth a n 27 is sr tra		Edward Lee	Pitts	/ s	on	1 1 1			ll Roa	d, Oxo	n Hil	1,MD	20745	
saltimore,	of He		20a. Method of Disposition 1 Burial 2 ☐ Crematic	n 3∏Remov	val from S	20b.	Place of Dispo cemetery, cren	sition (Name natory or c	me of other plac	θ)	Date	20c. Le	ocation - City	or Town, State	
Ē	Page It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It and It a		4 □ Donation 5 □ Other	(Specify)		Mt	•			1	-2006	- 1	dlebu		
ga	Departiment of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of t		21. Signature of Funeral Servi	e Licensee	Z	gles	) P.	O. I	nd Addres	ss of Facility L 397, Pu	yles rcell	Funer ville	al Se ,VA 2	ervice 0134	
			23a. Part1. Enter the disease shock, or heart failure. I	or complication ist only one ca	ns that ca	used the dea ach line.	th. Do not ent	er the mod	de of dyin	g, such as cardia	ac or respirato	ory arrest,		Approximate Interval Betwee Onset and Dea	
	Physician /Medical		tmmediate Cause (Final disease or condition resulting in death)	_ a		Seps	is .								
	Examiner				Due to (d	or as a conse	quence of):								
		Jer	Sequentially list conditions, if any leading to immediate	b	Due to (	or as a cons	uence of:								
	cuted nd ransit	Examin	cause. Enter Underlying Cause (Disease or injury that initiated events	c	Ce	celas	was	ملاه	11	Accid	Tak _				
Š	cate be executed physicien and the burial-transit	Ex	resulting in death) Last		Due to (d	or as a conse	quence of):								
04/80 84		dlcal		d						<u> </u>	<u>-</u>				
×	death certifi e attending d for use as	Physician/Me	IF FEMALE: 23b. Was decedent pregnant			come of pregn							23d. Date of	delivery	
žog.	death d for	Iclar	in the past 12 months?	4	Pregna	nth 2 □ Fet ant at time of		]Ectopic p ] Other (s _f				_	Month	Day Year	ır
5	at the by the	hys	9 🗆 Unknown	9	Unkno	wn									
ś	v requires that the death certif been signed by the attending should be detached for use as	Ď	Part II. Other significant cond	itions contribu	iting to de	ath but not re	sulting in the u	nderlying o	cause give	en in Part I.				to the cause of deat	
0	w requir been si should	sted										1 Yes 2		Probably 4 Unki	
	The iav ate has page 2	Completed									i	Was an autopsy performed? es 2,8 No	prior death	autopsy findings ava to completion of caus i? 'es 2 \sum No	ulable se of
Vital	Physician: this certific ral director,	Be	25. Was case referred to med examiner?		tali				0#	26. Place of De	eath (Check o	nly one)			
=	h sign	. To	1 ☐ Yes 2 ☑ No 27. Manner of Death	Hospil	1 Doir		ER/Outpatien			4 🗆 Nursing	Home 5	Residence		pecify)	
0	iding Phy th. : After thi funeral o	tlon	1 Natural 5 ☐ Per	ding estigation	(Month	of Injury h, Day Year)	Intury	м	28c. Injun Worl 1 □ '	(? Yes 2 □No	200. 2030	inde now into	y occurred		
UNISION	Attar	Certification:	3 Suicide 6 Cou	ld not be	Be. Place	of Injury - At h	nome, farm, str	eet, factor	y, office			on (Street ar		Rural Route Number	r,
2	taior rsafte ai Dir led in	Cert	, Li tionilo		Dalidii	rg, etc. (Dpoc					0.1, 0	- John, Oldie	·/		
	To the Hospital or Attending P within 24 hours after death. To the Funeral Director: After completely filled in by the funera	Medical	29a. Certifier 1	al Examiner:	n: To the On the ba and mann	sis of examin	owledge, death ation and/or in	h occurred vestigation	at the tim n, in my of	ne, date and place pinion, death occ	e, and due to curred at the t	the cause(s me, date and	) and manner d place, and c	as stated. due to the cause(s)	
	To the To the comp	X	29b. Signature and rile of cert	ifier	) <	C /	1		c. License					onth, Day, Year)	
L	f					2001				5660 er Singh	MT) =	7	-/3-0		
	,		30. Name and address of pers	CA		ななる	te		Ç~	, 124	R	Scuie	- 1	D2e7.	10
	Sta Registr		31. Date filed (Month, Day, Ye SEP 1 8		32. Re	egistrar's Sign	ature Span	Es.							

State of Maryland / Department of Health and Mental Hygien ? Certificate of Death 2. Date of Death 1. Decedent's Name (First, Middle, Last) 3. Time of Death Year **Physician** Sept. Roosevelt Nicholas Richardson 13, 2006 6:30a /Medical 4b. City, Town, or Location of Death 4c. County of Death 4a. Facility Name (If not institution, give street and number) Examiner Southern Maryland Hospital Clinton Prince George If Under 1 Year | If Under 24 Hrs. | Months | Days | Hours | Min. 5. Social Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** 1X M 2□ F Yrs. Director 1932 North Carolina 237-52-2315 74 Usual Residence of Decedent 10a. State 10b. County 10c. City. Town or Location 10d. Inside City Limits r than "natural", or itama 23a or 28a-f ehow the Medical Examinar must be notified at 1 XYes 2 No Directo NC Nash County Nashville 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 843 Parker Road 27856 United States Funeral 12. Was Decedent Ever in U.S. Armed Forces? 1X□Yes 2 □ No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11. Marital Status 1 Never Married 2 Married Maryland 21215-0036 Specify: Black 1 ☐ Yes 2 ☐XNo Specify: ۵ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry Loe filed within.
Lind Mental Hygiene.
Lind 27 is marked other than "ne ver traumatic event, I.s." (Specify only highest grade completed) College (1-4or 5+) Elementary/Secondary (0-12) 12 +2 Contract Supervisor Naval Ship Yard 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Bruce Richardson Florence Richardson ည 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) permit. Pages 1 and 2 sh Department of Heelth and Important: If item 27 is m any injury or other traum <u>once</u>. Roseann Richardson/ Daughter 3443 Woodcreek Drive Suitland, Maryland 20746 Baltimore, 20b. Place of Disposition (Name of cemetery, crematory or other place) Date 20c. Location - City or Town, State 20a. Method of Disposition 1 ABurial 2 ☐ Cremation 3 ☐ Removal from State Tilman-Lynch Cemetery 9/20/2006 Hollister, NC 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funetal, Service Licenses 22. Name and Address of Facility Pope Funeral Homes, P.A. 5538 Marlboro Pike Forestville, Maryland 20747 Approximate Interval Between Onset and Death 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, of heart failure. List only one cause on each line. Immediate Cause (Final disease or condition resulting in death) **Physician** ARTHEROSCLEROTIC CARDIOVAS CULAR DUEASE /Medical Due to (or as a consequence of) Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of) Examine I-transit certificate be executed end Due to (or as a consequence of) physicien e Box 68760. Physician/Medical ettending for use as 23c. If yes, outcome of pregnancy
1 Live birth 2 Fetal death 23d. Date of delivery 23b. Was decedent pregnant in the past 12 months? 3 Ectopic pregnancy Month Day Year 4☐Pregnant at time of death 5 Other (specify) ed by the e 1 ☐ Yes 2 ☐ No O 9 Unknown 9 Dunknown signed by d be detact Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? δ Records, 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Kinknown Completed 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 2 No 1 ☐ Yes 2 ☐ No 1 Yes of Vital 25. Was case referred to medical examiner?
1 ☐ Yes 2 ☑ No Be 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 X Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 2 this To the Hospital or Attending Phy within 24 hours after death.

To the Funerel Director: After thi completely filled in by the funeral! 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how intury occurred Certification: 1 Natural Injury Division 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide Ptace of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 9-13-2006 D52900 ATTEMDING PHYSICIAN 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) , LANDOVER MD 20785 AV H301 8700 CENTRA MUSA MOMOH MD 31. Date filed (Month, Day, Year) 2. Registrar's Signature State SEP 1 5 2006 Registrar

06-07076 Elijah Ruffin

Please Type or Print in Black Indelible Ink State of Maryland / Department of Health and Mental Hygiene

2006 31155

		1- For State Certificate of Death Reg. No.														
Physicia		Decedent's Name (First, Midd	lle,Last)								Date of Dea		V	3	Time of Death	٦
ledical Examin		Elijah Ruffin	<u></u> Elijah	Ruffin,	Jr.						Month Septemb	Day er 19, 2	2006 Year		0857 hrs	-
		4a. Facility Name (if not institution	on, give street and n	umber)	-	41	. City, To	wn, or Lo	cation of	Death		4c.	County of De	eath		ヿ
		John Hopkins Hospita	=				Baltimo	ore								
	4	5. Social Security Number	6. Sex	7. Age (In y	rs last birt	hday)	If Under	1 Year	If Under	24Hrs.	B. Date of B	rth (MM/I	DD/YYYY) 9.	Birthp	lace (State or	ㅓ
Funeral	- 1	o. Social Security Number	o. sex			,	Months		Hours	Min.			Fo	reign		1
Director	-	253-52 <b>-</b> 8446	1 2 F	7	0	Yrs.					Marc	<u>h 21</u>	,1936	Count	^{ry)} Georgia	
		Usual Residence of Decedent														4
any		10a. State 10b. County		10c (	City, Town	or Locatio	n								od Inside City Limits	Ų
*	.	Ohio Fra	nklin		Colu	mbus								1	Xes 2 No	
Maryland 28a-f show 1 at once.	影	10e. Street and Number					10f. Zip C	ode				10g. Citiz	zen of What C	country	?	٦
Mar r 28,	Director					1										
h the 3a or		591 South Hai						213					U.S.A.			4
ms 2	Funeral	11. Marital Status		cedent Ever i	n U.S		Decedent s, specify				ify Yes or <b>N</b> can. etc.)	0-	14. Race - Ar White, etc		n Indian, Black,	
death r ite	5	1 Never Married 2 X	1 Yes	2 X N	lo	" ' "	э, эрээн,				,					
ifter	ğ.	3 Widowed 4 Di	vorced If Yes, Give Ye			1	Yes 2	X No	specify:				Specify:	Bla	ck	
2 hours afte "natural"		15. Decedent's Education (Spe	ecify only highest gra	de complete	d) 16a.	Decedent'						16b. K	Kind of Busine	ss/Ind	ustry	
2 ho	eted	Elementary/Secondary (0-12)	College	1-4 or 5+)		during mo	st of work	ng lire. L	JO NOT C	ise retiret	1)					
5-0036 led within 72 Hygiene other than '	Comple	12				Truc	ck Dr	iver					Truck	ing		
J with	탉	17. Father's Name (First, Middle	e, Last)			- 110	<u> </u>		Mother's	Name (F	irst, Middle,	Maiden				ᅦ
215-0036 be filed within 7 ntal Hygiene. rked other than ent, the Medica	انت	Elijah Ruffin							Em	ma S	higgs					١
2121: ould be fill Mental I. marked		19a. Informant's Name/Relation	ship (Type Print )		19	b. Mailing.	Address	(Street a				ımber. Ci	ity or Town, S	tate. Z	ip Code)	Ⅎ
O g p s i	우	Annie Ruffin											ohio			-
M 27	ŀ		<u>- wпе</u>	10	Oh Bloop	of Disposit					Date		Location - City			$\dashv$
Baltimore, MD ormit. Pages I and 2 sho Department of Health and Important: If item 27 is injury or other traumati		20a. Method of Disposition  1 XBurial 2 Crematic	on 3 Removal			tory or othe		or cerric	otery,		Jaic	200.	Location - Oit	y OI TC	Wii, Glate	١
non ages ant of		4 Donation 5 Other 5		nom otato	Gle	n Res	st		Ì	9/28	3/06	R	evnold	sbu	rg,Ohio	
it. Further ortan	ŀ	24. Signature of Funeral Service			<u> </u>		me and A	ddress c	of Facility				th Mort			ᅦ
Baltimore, MI permit. Pages I and 2 s Department of Health a Important: If item 27 injury or other traum:		Shellip Bell for 1173 East Hudson St. Columbus, Ohio 43211														
	-	23a Part I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart  Approximate Interva														
Physician /Medical		failure. List only one caus	e on each line.					-,,			, ,	,			Between Onset and Death	Ц
Examiner		Immediate Cause (Final diseas				hy								-	Deati	-
`		or condition resulting in death)	Due to (or as	a consequen	ce of):									- 1		
enter.	L	Sequentially list conditions,	b						_					$\dashv$		-
	<u>e</u>	if any, leading to immediate cause. Enter Underlying Cause		a consequen	ce of):									- 1		
	Examiner	(Disease or injury that initiated	C	a consequen	ce of):					_				+		-
red	Ä	events resulting in death) Last	d.		,-											
8760, ificate be executed upphysician and is the burial - transit	g	XUNPENDED												$\neg$		_
D, be e sicial	n/Medical	<u> </u>	✓ AMENDER	1,23a,2	7,perM	E, g86	2, 12	/16/0	6 TT			1		$\perp$		_
8760, tifficate be ng physici as the buri	ξ	IF FEMALE: 23b. Was decedent pregnant in	23c. If yes	, outcome of birth	pregnancy			3	_	pregnano		23	d Date of del Month	ivery Da	y Year	
		past 12 months?	I I LIVE	gnant at time	4 4 44		al death		Ecropic	pregnant	-y		MOUTH	Da	y i Cai	
Box 68 e death cert the attendir	Sic	1 Yes 2 No 9 U	nknown	nown		5 Oth	er (Speci	ту)				1				9
ords, P.O. Box 63  v requires that the death cert seen signed by the attendir should be detached for use a	Physicia	Part II. Other significant cond			not resultin	na in the u	nderlying	Callea Oli	en in Pa	rt I	23e Did	tobacco	use contribut	e to th	e cause of death?	-
P.O.	by	rait ii. Other significant cond	THOMS COMMIDATING	to death but	not resulti	ig iri tilo di	idonying .	oddoo gii			1 Y	_			oly 4 🗸 Unknown	
sign lbe	p															
rds requ	Completed										24a. Wa	s an opsy			psy findings available npletion of cause of	9
CO law has e 2 sl	dμ	1									per	formed?	deat	h?		
Re The The page	Ō											2 N	10	Yes	2 No	_
Vital Reco	æ	25. Was case referred to medic examiner?	Hospital:					lc	of Death ( Other	Check or						_
this hysic	0	1 Yes 2 No		Inpatient :						,	Home 5			ther:	_	_
of ing Pl	i.	27. Manner of Death	28a. Da (Moi	te of Injury hth, Day,Year)	28b	Time of Ir	njury 2		at Work		8d. Describ	e how inj	ury occurred			
on ath he ft	ţi		nding		-			1 Ye	es 2	No						
iSi iSi Att	<u>:</u>		restigation 28e. Pl.	ace of Injury -	At home,	farm, stree	t, factory,	office bu	ilding, etc	c. 2			and Number o	r Rura	Route Number, City	1
Division of Vital Records, Hospital or Attending Physician: The law requir 24 hours after death Funeral Director: After this certificate has been s rely filled in by the funeral director, page 2 should	Certification:	Suicide	termined (Specif	y)							or Town	State)				
ospil hou uner		29a. Certifier	Physician: To the b	eet of my kno	wladaa d	eath accur	ed at the	time dat	e and nia	ce and d	ue to the ca	use(s) ar	nd manner as	starte	1	
Division of Vital Records, P.O. Box 6.  To the Hospital or Attending Physician: The law requires that the death cert within 24 hours after death.  To the Funeral Director: After this certificate has been signed by the attendit completely filled in by the funeral director, page 2 should be detached for use.	Medical		caminer: On the basi	s of examinat	ion and/or	investigat	ion, in my	opinion,	death oc	curred at	the time, da	te and pla	ace, and due	to the	cause(s)	
To I	ed		and manne	r stated									Date signed			
	Σ	29b. Signature and title of certi	A.				Sac	License					-			
		1/1.1.1	1 -K: 0	7-70	4.	2		O.C.N	I.E.			Sep	ptember 2	J, 20	06	
		30. Name and address of pers	on who completed	use of death	(Item 23a)	) <u>« () (</u>			_							_
CAL	er e	Theodore M. King, J		tant Medic			111 Pe	nn Stre	eet, Ba	ltimore,	MD 212	01				
VI		01.0.1.51.441.41.0.11					F-100g									_
	tate	SEP 2 5 2006														

06-07156 Mary C. Reed Please Type or Print in Black Indelible Ink

ary C. Reed		State of Maryland / Department of 1- For State Amend #11 Per INF G862 12d/1.5d96 o		Reg.									
Physicia ledical Examir	W/	1. Decedent's Name (First, Middle, Last)  Mary C. Reed		Date of Death     Month     September 2	3. Time of Death 22, 2006 1451 hrs								
-		Facility Name (if not institution, give street and number)     Southern Maryland Hospital Center	4b. City, Town, or Location o Clinton	f Death	4c. County of Death Prince George's								
Funeral Director		5. Social Security Number 6. Sex 7. Age (In yrs. last birthday)  220–78–6359 1 M 2 F 47 Yr	If Under 1 Year If Under Months Days Hours	Min. 8 Date of Birth (	MM/DD/YYYY) 9. Birthplace (State or								
daryland 28a-f show any 1 at once.	ō	Usual Residence of Decedent  10a. State			10d. Inside City Limits 1 X Yes 2 No								
th the Maryland 23a or 28a-f sho notified at once	Director	10e. Street and Number 5625 Regency Park Court # 2	10f Zip Code 20746	10g.	Citizen of What Country?  U.S.A.								
r death wi or items must be	Funeral		Yes, specify Cuban, Mexican,  Yes 2X No specify:		14. Race - American Indian, 8lack, White, etc. African— Specify: American								
nore, MD 21215-0036  ages 1 and 2 should be filed within 72 hours after death with the Maryland nt of Health and Mental Hygiene it: If item 27 is marked other than "natural", or items 23a or 28a-f she other traumatic event, the Medical Examiner must be notified at once	Completed by	15. Decedent's Education (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)	ent's Usual Occupation (Give k most of working life. DO NOT i		6b. Kind of Business/Industry								
21215-0036 Uld be filed within 7 Mental Hygiene marked other than e event, the Medica	o l	2 yrs. Se  17. Father's Name (First, Middle, Last)  Bernard Pierce		s Name (First, Middle, Ma.	,								
MD 212 Id 2 should be ulth and Ment m 27 is mark aumatic ever	ToB		ng Address (Street and Num	ber or Rural Route Numbe	er, City or Town, State, Zip Code) and, Md. 20746								
Baltimore, MD 21215-0036 permit Pages I and 2 should be filed within 7 Department of Health and Mental Hygiene Important: If item 27 is marked other than injury or other traumatic event, the Medical	-	20a Method of Disposition  1 X Burial 2 Cremation 3 Removal from State 20b. Place of Dispo	osition (Name of cemetery, other place)	Date 2	Landover, Md.								
Balti permit Departm Importa injury o	Ì	21. Signature of Funeral Service Licensee 22.	Name and Address of Facility H.S.Washingt 1925 Burroughs	con & Sons Co Ave. N.E.	o.,Inc. Washington,D.C.20019								
Physician /Medical Examiner	ĺ	23a. Part I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  Immediate Cause (Final disease or condition resulting in death)  a. Acute pneumonia  Due to (or as a consequence of):											
,A	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease of Figury that initiated	-										
ecuted 1 and - transit		events resulting in death) Last Due to (or as a consequence of):  d.											
760, cate be executed physician and he burial - trans	Medical	X UNPENDED #23a, 27, perME, g860  IF FEMALE: 23c. If yes, outcome of pregnancy	, 10/26/06 TT		23d Date of delivery								
Box 687  e death certifice the attending p ed for use as th	Physician/	23b. Was decedent pregnant in the past 12 months?	etal death 3 Ectopic Other (Specify)	pregnancy	Month Day Year								
, P.O. E ires that the d signed by the detached	ē	Part II. Other significant conditions contributing to death but not resulting in the	underlying cause given in Pa		acco use contribute to the cause of death?  2 No 3 Probably 4 ✓ Unknown								
cords law requi	Completed			24a. Was an autopsy performe									
Vital Rec ysician: The his certificate director, page	o Be	25. Was case referred to medical examiner?  1 ✓ Yes 2 No  Hospital: 1 Inpatient 2 ✓ ER/Outpatier	26.Place of Death (		esidence 6 Other:								
on of \end{array}	27. Manner of Death 28a. Date of Injury (Month, Day, Year) 28b. Time of Injury 28c. Injury at Work? 28d. Describe how injury occurred												
Division ospital or Attent hours after death meral Director:	Certification:	2 Accident Investigation 3 Suicide 6 Could not be determined (Specify)  28e. Place of Injury - At home, farm, street (Specify)	eet, factory, office building, etc	28f. Location (Stre or Town, Stat	eet and Number or Rural Route Number, City e)								
Division To the Hospital or Attent within 24 hours after death To the Funeral Director: completely filled in by the	Medical C	29a. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge, death occurrence) 2 Medical Examiner: On the basis of examination and/or investigation and manner stated											
	Ž	29b. Signature and title of certifier  Mhra Blasse (M)	O.C.M.E.	1	29d. Date signed <i>(Month, Day, Year)</i> September 23, 2006								
CR			Penn Street, Baltimore	e, MD 21201									
St Regist	ate rar	31 Date filed (Month, Day, Year)  SEP 2 6 2006  2. Registrar's Signature	<b>V</b>										

		1 - For State Registrar	State of Marylar	nd / Depa	artment of F rtificate of	Health and <i>Death</i>	Mental Hygie		31157
Physi		Decedent's Name (First, Middle, Li	ast)					Day Year	3. Time of Death
/Med Exam	dical niner	Ana M. Rivera  4a. Facility Name (If not institution, gi				or Location of Dea		4c. County of Dea	uth
Funera	al	, , , , , , , , , , , , , , , , , , , ,	Sex 7. Age (In yrs.			Spring If Under 24 Hi Hours Mi		Montgom (a _{n)} 1917 ^{9. Bit}	ery rthplace (State or Foreign ountry)
Directo		117-24-1745 Usual Residence of Decedent	1□M 2ØF 88	Yrs.	Months Days	110010	November		erto Rico
Marytano f ehow	ō	10a. State 10b. County		ty, Town or Lo					10d. Inside City Limits 1 ☐ Yes 2 ☑ No
or 28a-	Directo	Maryland Montgom 10e. Street and Number	lery 51	lver S	10f. Zip Code		10g.	Citizen of What C	ountry?
23a	rai	203 Flannery Lar		10	20904			J.S.A.	
partitioning in the property of the process of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partition of the partit	by Funeral	11. Marital Status  1 □ Never Married 2 □ Married  3 □ Widowed 4 ☑ Divorced	12. Was Decedent Ever in U Armed Forces? 1 ☐ Yes 2 ▼ No If Yes, Give Year or Dates:	13.	Was Decedent of F If Yes, specify Cub 1 X Yes 2 No	an, Mexican, Pue	(Specify Yes or No- erto Rican, etc.)	14. Race - Am Black, Whi	
in 72 ho	Completed	15. Decedent's E (Specify only highest g	rade completed)	16a. Dece (Give life.	dent's Usual Occup kind of work done DO NOT use retire	oation during most of w d)	rorking 16b	. Kind of Business	s/Industry
ad with	E O	Elementary/Secondary (0-12)	College (1-4or 5+)	Но	omemaker	· · · · · · · · · · · · · · · · · · ·		Own Home	e
ntal Hy	Be	17. Father's Name (First, Middle, Las	t)				ame (First, Middle, Maid	•	
should should and Mer mark mark	ု	Emilio Rivera  19a. Informant's Name/Relationship	(Type, Print)	19b. Maili	ing Address (Street	Felis	a Santiag Rural Route Number, Ci		Zip Code)
ING 2 salth ar all the ar trau		Ana M. Navarro/1					llver Sprin		
ages 1 g	b	20a. Method of Disposition  1 ☐ Burial 2 ☑ Cremation 3    4 ☐ Donation 5 ☐ Other (Spec	Removal from State	Place of Dispo cemetery, cre	osition (Name of matory or other pla	_{сө)} 9/18		Location - City or	
permit. Pages Department of Important: If it	OUCE	21. Signature of Funeral Service Lio	ans)				ERAL HOME, ce Ave, Sil		Maryland
Physicia	n	23a. Part 1. Enter the disease, or conshock, or heart falure. List on Immediate Cause (Final disease or condition		th. Do not en	ter the mode of dyin	ng, such as cardi	ac or respiratory arrest,		Approximate Interval Between Onset and Death minutes
/Medica Examine	_	resulting in death)	Due to (or as a consec		sis				years
ed	iner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	Due to (or as a consec	quence of):					
ate be execut hysicien and the burial-tran	icai Examiner	that initiated events resulting in death) Last	c.  Due to (or as a consec	quence of):					
To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours after death. To the Funneri Director: After this certificate has been signed by the ettending physician and completely filled in by the funeral director, page 2 should be detached for use as the burial-transit	Physician/Medical	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 □ Yes 2 ☒ No	23c. If yes, outcome of pregn 1□Live birth 2□Feta 4□Pregnant at time of 6	al death 3	□Ectopic pregnanc □ Other (specify) _	у		23d. Date of de Month	elivery Day Year
d by the	Phy	9 ☐ Unknown  Part II. Other significant conditions		sulting in the u	Indorhina asuso eu	ron in Part I	23a Did tobacc	o una contributa t	o the cause of death?
quires t an signe ould be c	ed by	Alzheimers Disea		, and a grant and a					robably 4 XUnknown
b taw re has be	Completed	Cerebrovascular	Disease				24a. Was an autopsy	prior to	utopsy findings available completion of cause of
n: The ficete rr, pag		Peripheral Vascu	lar Disease		·		performed 1 ☐ Yes 2 🔀		s 2 No
/sicia	o Be	examiner?  1 Yes 2 No	Hospital: 1 ☐ Inpatient 217	ER/Outpatie	nt 3 DOA Ott		eath (Check only one) Home 5 Residence	6 □Other (Sou	aciful
og Ph.	n: T	27. Manner of Death	28a. Date of Injury (Month, Day Year)	28b. Time o			28d. Describe how it		scny/
or Attendinities death. Director: Af	Certification:	1 XNatural 5 Pending 2 Accident investigati 3 Suicide 6 Could not 4 Homicide determine	be Geo Blace of Jourse, At h	ome, farm, st	M 1 🗆	Yes 2 □ No	28f. Location (Stree City or Town, St		lural Route Number.
Hospital 24 hours a Funerel I etely filled	edical Ce	29a. Certifier 1 X Certifying F	Physician: To the best of my known the control of the basis of examination and manner stated.	owledge, deat ation and/or in	th occurred at the find the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the st	me, date and pla opinion, death oc	ce, and due to the cause curred at the time, date	e(s) and manner a and place, and du	s stated. e to the cause(s)
To the within To the	¥ S	29b. Signature and title of certifier	110.		29c. Licens	se number	29d.	Date signed (Mon	th, Day, Year)
1		Kenner	4 Gatust.	No	VA 01	10105009	7 S	eptember	15, 2006
7		30. Name and address of person who					901 Wiscons		
	State	Kenneth G. Pugh,			medical (	Lenter B	ethesda, MD	20889	
Pogis	ot-or	SEP 18 21	106 160	Coa	eles !				

		•	For State Registrar	State	of Maryla	and / Depa <i>Ce</i>	artment of H	leaith and <i>Death</i>	Mental Hy	giene (	106	31158
	Physicia		1. Decedent's Name (First, Middle	e, Last)					2. Date of De Month	ath Day	Yeer	3. Time of Death
	Physicia /Medic	al	EMMETT	VERNO		SAUNDER			SEPTEME		, 200	
	Examin	er	4a. Facility Name (If not institution				4b. City, Town, o		ath		nty of Death	
护			SOUTHERN MARYLA  5. Social Security Number	AND HOSPI 6. Sex	+	NTER rs. last birthday)		LINTON If Under 24 H	Irs. 8. Date of Bi	th	9. Birth	ORGE 'S uplace (State or Foreign
	Funeral Director		577-20-1144	1⊠M 2□F	84		Months Days	Hours M		y, Year)	Con	sh., DC
			Usual Residence of Decedent									
	arylan show	_	10a. State 10b. County		10c.	City, Town or Lo						10d. Inside City Limits  1X☐ Yes 2 ☐ No
	8a-1	Director	D.C.					ington		10g. Citizen		
	death with the Maryland ms 23a or 28a-f show r must be rediffed at		10e. Street and Number				10f. Zip Code	0000			_	-
	ns 23	Funeral	3325 Highwood	12. Was De	cedent Ever i	n U.S. 13.	Was Decedent of H	0020 Hispanic Origin?	(Specify Yes or No		ed Sta Race - Amer	
	w Iter		1 Never Married  Mar	Armed fi ied 1. Yes	2 No				erto Rican, etc.)		Black, White	, etc.
3	hours after turel', or Ite	d b	3 ☐ Widowed 4 ☐ Divorced	Year or	Date 1:950	-51	1 ☐ Yes 2 ¹ No	Specify:		Spe	Bla	ack
		Completed	15. Deceden (Specify only higher	t's Education st grade completed	t)	(Give	dent's Usual Occup	during most of v	working	16b. Kind of	Business/Ir	ndustry
7	within ane. then	du	Elementary/Secondary (0-12)	College	(1-4or 5+)	III e.	DO NOT use retire	,		Go	vernme	ont
מ	tiled within 72 Hygiene. other then "nai ent, tre Medic		17. Father's Name (First, Middle,			1	ACCOUNT		Name (First, Middle			enc
<u>a</u>		To Be	Ulysses	Saunders					Mary Her	ndon		
<u>_</u>	\$ B E E	-	19a. Informant's Name/Relations	hip (Type, Print)		19b. Maili	ng Address (Street	and Number or	Rural Route Numb	er, City or To	wn, State, Zi	ip Code)
_	ss 1 and 2 of Health a Item 27 le r other trai		Rosa G. Saunde	ers / Wife			Highwood	Dr., S		h., DC		
e e			20a. Method of Disposition  1 ☑ Burial 2 ☐ Cremation	3 Removal from	n State		matory or other pla		Date	20c. Locatio	ın - City or T	Town, State
Ē	Pages tment of tant: If It fury or o		4 Donation 5 Other (S	pecify)	F		ln Cemet				ntwood	
Ra	permit. Page Department Important: It any injury o		21. Signature of Funeral Service	Capitol M ., NE Wa								
			23a. Part1. Enter the disease, of shock, or heart failure. List	complications that	caused the d	leath. Donot en	ter the mode of dyi	ng, such as card	diac or respiratory a	ırrest,		Approximate Interval Between Onset and Death
-	nysician	0.4	Immediate Cause (Final disease or condition	_ a	neum	omid	Cest lun	1				Oriset and Death
	/Medical Examiner		resulting in death)	Due to	o (or as a con	sequence of):	•	)				
		e.	Sequentially list conditions,	b. Due t	u (or as a con	suquence of):					-	
	uted 1 Insit	를	if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	<b>\</b>	`							
'n	execu an and rial-tra	Examin	that initiated events resulting in death) Last	C. Due to	o (or as a con	sequence of):						
8760	sate be executed bhysicien and the burial-transit	dical		d								
	ntitica ing ph eas th	Med	IF FEMALE:									
Box	The law requires that the death certilic ste hes been signed by the attending p page 2 should be detached for use as	Physician/Me	23b. Was decedent pregnant in the past 12 months?	1 🗆 Live	utcome of pre	Fetal death 3	⊒Ectopic pregnanc	у			Date of deline Month	very Day Year
o O	that the de ed by the a detached t	ysic	1 ☐ Yes 2 ☐ No 9 ☐ Unknown	4□ P16 9□ Unk	gnant at time known	or death 5	Other (specify)					
o.	that t	된	Part II. Other significant conditi	ons contributing to	death but not	resulting in the	underlying cause giv	ven in Part I.	23e. Did	tobacco use c	ontribute to	the cause of death?
g	w requires that been signed t should be det	Ď D	Parkinsun's Diacon	-					_ 10	Yes 2 No	3 □ Pro	obably 4 Unknown
Division of Vital Records,	s bee	Completed by							24a. Wa		b. Were aut	topsy findings available completion of cause of
Ä	Physiclen: The lav this certificele hes al director, page 2	E							– auto perf 1 ☐ Yes	ormed?	death?	2 No
ita	olan: ertifice ctor, I	BeC	25. Was case referred to medica examiner?					26. Place of [	Death (Check only	one)		
5	hysic this co al dire	မှ	1 ☐ Yes 2 Ø No			2 ER/Outpatie	nt 3 DOA		g Home 5 ☐ Res			afy)
ב	Attending Physiclan: Ir death. Cotor: After this certifice by the funeral director, I	o	27. Many er of Death 1 Natural 5 ☐ Pendin		e of Injury onth, Day Yea	r) 28b. Time of Injury	Wo	ryat rk? ]Yes 2 □No	28d. Describe	now injury oc	curred	
<u>s</u>	ttendi death. ctor: A , the fu	lcat	3 ☐ Suicide 6 ☐ Could		ce of Injury - /	At home, farm, si	reet, factory, office	1163 2 110	28f. Location	(Street and Nu	ımber or Ru	ral Route Number,
<u>^</u>	after after l Dire	Certification;	4 ☐ Homicide determ	lined bui	lding, etc. (Sp	ecify)	,,,		City or To	wn, State)		
	To the Hospital or Attending Is within 24 hours after death. To the Funeral Director: After completely tilled in by the funer	Medical C	29a. Certifier 1 Certifyin (Check only one)	ng Physician: To t Examiner: On the	he best of my basis of exar	knowledge, dea mination and/or in	th occurred at the tinvestigation, in my	me, date and place opinion, death o	ace, and due to the courred at the time	cause(s) and date and place	manner as ce, and due	stated. to the cause(s)
	To the Hi within 24 To the Fu complete	Me	29b. Signature and title of certifie				29c. Licen			29d. Date sig	ned (Month	n, Day, Year)
			> Nah-				10	05512	0	Sept 1	11 200	6
C	12/3)		30. Name and address of person	who completed ca	Jox h	(Item 23a) (Type	. Print) LSE Smtc	310 Wa	hinsten	1003	,	
	Sta		31. Date filed (Month, Day, Year	000	Registrar's S	ignature Lo	70		1	2007		
-2	Regist	rar	SEP 1 8 2	006	Jun 1	T Apo						

			1 - For State Registrar	State of	Marylaı	nd / Depa	artmen			and Me		jiene eg. No.	2006	5 3	115	9
	Physici		1. Decedent's Name (First, Middle, Las Mildred A.	Seller	s						Date of Dear Month eptemb	Day	Year 2006		ne of Death	M
)	/Medic Examin		4a. Facility Name (If not institution, give		. *				Location o	of Death		4c. 0	County of De	ath	-	
	Funeral Director		Social Security Number 6. Se			. last birthday) Yrs.	If Under Months		If Under 2 Hours		Date of Birth (Month, Day, ay 17,				ate or Foreig	gn
	<u> </u>		Usual Residence of Decedent  10a. State 10b. County			ity, Town or Lo	cation			110	ay 17,	1,5-1.			de City Limit	ts
	the Mary	Director	Maryland Prince (	eorges	Т	emple H	1111s	Codo				Oo Citiz	en of What C	J	Yes 2□N	io
	3a or		4451 23rd Parkw	ay				20748	3		'		ted St	•		
396	be filed within 72 hours after death with the Maryland kel Hygiene. All Hygiene. do other than "naturel", or iteme 23a or 28a-f ehow event, the Medical Examinar must be notified at	by Funerai	11. Marital Status  1 X Never Married 2 Married 3 Widowed 4 Divorced	12. Was Deced Armed Forc 1 Tes 2 If Yes, Give Year or Date	eş? [XNo		Was Deced f Yes, spec		spanic Orig n, Mexican Specify:	gin? (Specif i, Puerto Ric	y Yes or No- can, etc.)		4. Race - Am Black, Wh Specify: B1	ite, etc.	ın,	
Maryland 21215-0036	hin 72 hou 3. In "nature Medical E	Completed	15. Decedent's Edi (Specify only highest grad Elementary/Secondary (0-12)	cation		16a. Deced (Give	dent's Usua kind of wor DO NOT us	k done di	uring most	of working		16b. Kin	d of Busines	s/industry		
7	filed with		12th	Conaga (1-4		Lega	al Tec						ernmen	t		
yland	2 should be fit and Mental H ie marked ott raumatic ever	To Be	17. Father's Name (First, Middle, Last) Unknown						Ber		Mae Mae		lers			
	s 1 and 2 should f Health and Mer ftem 27 le marke other traumatic		19a. Informant's Name/Relationship (7) Brenda McRae /	_(рө, Print) Sister		6102	Spell	L Roa	d C1:	ror Rural R inton	, Md. 2	; <i>City</i> or 2073.	Town, State, 5	Zip Code)		
Baitimore,	e ° = 5	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	20a. Method of Disposition  1   ☐ Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify,	Removal from St		Place of Dispo cemetery, cren ncoln N				Date 9/12/0			ation - City o			
Rait	permit. Par Depertment Important: eny injury		21. Signature of Funeral Service Licens	wes	£1010	R5 22	Name and 5538	Address ander Mar	of Eacility Lboro	Pope Pike	Funera 7Fores	l Ho	mes, Md	:A·20	747	
	hysician		23a. Part 1. Enter the disease, or comp shock, or heart failure. List only of Immediate Cause (Final disease or condition resulting in death)	ications that cause on each	sed the dea th line.	th. Do not ente	er the mode					est,		Approx Interva Onset	imate I Between and Death	
	/Medical Examiner	<b></b>	ſ	COR	as a consec	my Ac	2700	4	Dr	5295	TIN					
8760,	certificate be executed ading physician and use as the burial-transit	al Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	44	as a consec	Lift De	zn,	A								
280	g phys as the	edical		d												
ň	atter	Physician/Me	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 □ Yes 2√□ No 9 □ Unknown	23c. If yes, outco 1 ☐ Live birtl 4 ☐ Pregnan 9 ☐ Unknow	n 2∐Feta itattimeofo	al death 3□	Ectopic pre Other (spe					23	3d. Date of de Month	alivery Day	Year	
ras, r	w requires that the de been signed by the s should be detached	by	Part II. Other significant conditions co	ntributing to deal	h but not res	sulting in the ur	nderlying ca	iuse givei	n in Part I.				e contribute i			'n
ပ္က	જ જુલા	Completed					_				24a. Was ar autops perform 1 Yes 2	y	24b. Were a prior to death?	completion	ngs available of cause of	le
Iga i	ertifice actor, p	Bec	25. Was case referred to medical examiner?					-			Check only on	e)				
6	this c	2	1 XYes 2 No 27. Manner of Death			ER/Outpatien		Other	4 Nur		51 Reside			ecify)		
DIVISION	trending death. tor: After the funer	Certification:	1 Natural 5 Pending 2 Accident investigation 3 Suicide 6 Could not be	28a. Date of (Month,		28b. Time of Injury	М		at Pes 2□N	No	I. Describe ho					
	urs after or A		4 Homicide determined	building	, etc. (Speci						Location (Str. City or Town	, State)			Number,	
	to the frospital or Attending Prystotant: The within 24 hours after death.  To the Funeral Director: After this certificate he completely filled in by the funeral director, page.	Medicai	29a. Certifier (Check only one) 1 Certifying Phy 2 Medical Exami	sician: To the be ner: On the basi and manne	s of examina	owledge, death ation and/or inv	estigation,	in my opi	nion, death	d place, and h occurred	at the time, da	ate and p	place, and du	e to the cau		
	S 2 % 5 8	<	29b. Signature and title of certified	>			29c.	by 4	250	9	29	9d. Date	signed (Mon	tn, Day, Yea	ar)	
Ne	- 6		<u> </u>	LINE	of death (Iter	2 #1	Print)	w	20ev	rf n	10	20	602			
	Sta		31. Date filed (Month, Day, Year) SFP 1 5 2006	32. Reg	istrar's Signa	ature										

Curtis 06-06214	A. Sessons
UNK UNK	
101	1- For State

Please Type or Print in Black Indelible Ink
State of Maryland / Department of Health and Mental Hygiene

INIC OINIC	1-For State 9-26#16. Per FH PGC Cr Cert.	ificate of Death	Reg. No. 20	06 3116
Physician/ ledical Examiner	Decedent's Name (First, Middle, Last)		Date of Death     Month Day Year     August 19, 2006	3. Time of Death 1723 hrs
W	4a. Facility Name (if not institution, give street and number) Washington Adventist Hospital	4b. City, Town, or Location of Death Takoma Park		h
Funeral Director	5. Social Security Number 577-68-3038 6. Sex 7. Age (In yrs. las	st birthday) If Under 1 Year If Under 24Hrs Months Days Hours Min		rthplace (State or gn DC ountry)
nd how any <u>cc.</u>		Town or Location attsville		10d. Inside City Limits 1 X Yes 2 No
death with the Maryland or items 23a or 28a-f show must be notified at once. Funeral Director	10e. Street and Number 5614 Hamilton Manor Drive	10f. Zip Code #4 20782	10g. Citizen of What Cou	untry?
ē ⊾ I —	11. Marital Status  1 Never Married 2 Married 2 Married Armed Forces?  1 Yes 2 No  3 Widowed 4 Divorced If Yes, Give Year	13. Was Decedent of Hispanic Origin? ( Splif Yes, specify Cuban, Mexican, Puerto  1 Yes 2 X No specify:		rican Indian, Black,
5-0036 ed within 72 hours aft tygiene. other than "natural" the Medical Examine Completed by	15. Decedent's Education (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  + 5	16a. Decedent's Usual Occupation (Give kind of of during most of working life DO NOT use retiped to the Supervisor	work done red) 16b Kind of Business Governm	,
215- be filed mtal Hyg rked otl ent, the	17. Father's Name (First, Middle, Last) Curtis Sessoms	Lucy	e (First, Middle, Maiden Surname) Newsome	
e, MD 21  I and 2 should  Health and Me  Fitem 27 is ma  r traumatic ev	19a. Informant's Name/Relationship (Type, Print ) Debra Sessoms / Wife	19b. Mailing Address (Street and Number or 5614 Hamilton Man	or Dr.#4 Hyatts	ville,MD
Baltimore, MD 21 permit. Pages I and 2 should Department of Health and Me Important: If item 27 is ma injury or other traumatic ev	1 X Burial 2 Cremation 3 Removal from State For		Date   20c. Location - City of   29/06   Brentwoo	d,MD
Balt permit. Depart Impor injury	21 Signature of Funeral Service Licensee	22. Name and Address of Facility Ta 1722 N. Capitol	St.NW Washingto	
Physician /Medical Examiner	23a. Part I. Enter the disease, or complications that caused the death. failure. List only one cause on each line.  Immediate Cause (Final disease or condition resulting in death)  Due to (or as a consequence of)	excited delirium while restr		Approximate Interval Between Onset and Death
led Insit Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  b. Due to (or as a consequence of)  c. Due to (or as a consequence of)			
760, icate be executed physician and the burial - transit	d			
ox 68 eath certif eath certif attending for use as		2 Fetal death 3 Ectopic pregna	23d. Date of delive	ry Day Year
s, P.O. B ires that the d		sulting in the underlying cause given in Part I.	23e. Did tobacco use contribute to	obably 4 🗹 Unknown
Division of Vital Records, P.( nal or Attending Physician: The law requires tha rs after death. all Director: After this certificate has been signed led in by the funeral director, page 2 should be det ertification: To Be Completed by			autopsy prior to death?  1 ✓ Yes 2 No 1 ✓ Y	
Vital F hysician: this certifi al director, Fo Be C	25. Was case referred to medical examiner?	26.Place of Death (Check ER/Outpatient 3 DOA Other Nursi	ng Home 5 Residence 6 Oth	er: Scene
on of \\ nding Phy th. r: After tl te funeral.	27. Manner of Death  1 Natural 5 Pending Find 8/19/2006	28b. Time of Injury 28c. Injury at Work?  4:34 pm fnd 1 Yes 2 X No	28d. Describe how injury occurred	
Division o  To the Hospital or Attending within 24 hours after death.  To the Funeral Director: After completely filled in by the fune ledical Certification:	3 Suicide 6 X Could not be 28e. Place of Injury - At ho	me, farm, street, factory, office building, etc.  y police on street	28f. Location (Street and Number or F or Town, State) 5005 Ager Hyattsville, MD	Rural Route Number, City Road
To the Host within 24 hc To the Fun completely:	29a. Certifier 1 Certifying Physician: To the best of my knowledg one) 2 Medical Examiner: On the basis of examination an			
To to the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second	29b. Signature and title of certifier  August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August Augus	29c. License number O.C.M.E.	29d. Date signed (M August 20, 200)	
	30. Name and address of person who completed cause of death (Item: Patricia Aronica-Pollak MD. Assistant Medical E	^{23a)} :xaminer 111 Penn Street, Baltimo	re, MD 21201	
State	31. Date filed (Month, Day, Year)  2. Registrar's Signatur	e		

DHMH 17 Rev 1/2001 OCME 2006 ORIGINAL

			1 - State of N Registrar	Maryland / Depa <i>Cer</i>	irtment of H tificate of L			iene _{•g. No.} 2 0 0	6	31161
	Dhusisi		1. Decedent's Name (First, Middle, Last)				2. Date of Deat Month		'ear	. Time ol Death
	Physici /Medio		ARNETTA E. SN	TTH.			SEPT.	8, 200	6 1	_254 [™]
	Examir		4a. Facility Name (If not institution, give street and number Suburgan Hospital	or)	4b. City, Town, or Bethe	Location of Death		4c. County of MON!	Death <b>IGOME</b>	ERY
	Funeral Director		5. Social Security Number 214-60-6701 6. Sex 1 M 2 25 7.	Age (In yrs. last birthday). 53 Yrs.	If Under 1 Year Months Days	If Under 24 Hrs. Hours Min.	8. Date of Birth (Month, Day, NOV • 9	1952	Birthplace Country) Mary 1	(State or Foreign
	p .		Usual Residence of Decedent  10a. State 10b. County	10c. City, Town or Lo						
	ehov	7	(34)		cation ockville	_			ĺ	Inside City Limits 1 ☐ Yes 2 ☑ No
	28a-f	Director	MD Montgomery  10e. Street and Number	K	10f. Zip Code	<b>=</b>	4	0g. Citizen of Wh		
	3a or	Ö	4507 Bayne Stree	et		0853	,	U.S		
	me 2:	Funeral	11. Marital Status 12. Was Decede	nt Ever in U.S. 13. V	Vas Decedent of Hi	spanic Origin? (Sp	ecify Yes or No-		American I	ndian,
200	2 should be filed within 72 hours after death with the Maryland and Mental Hygiene. Is marked other than "naturel", or Iteme 23e or 28e-f show sumatic event, the Modical Extra directions to be notified at	by	1 Never Married 2 Married 1 Yes 2 III Yes, Give 3 Widowed 4 Divorced Year or Date:	No 1	iYes, specify Cubai □Yes 2€ No	Specify:	Rican, etc.)	Black, Specify:	White, etc. Bla	ack
5	72 ho	ted	15. Decedent's Education		ent's Usual Occupa			16b. Kind ol Busii	ness/Industi	ry
Ž	thin 7	nple	(Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4c	life. [	kind of work done a OO NOT use retired,	uring most of work )		Montgor		Co
V	ygien ygien t, the	Completed	l yr		retary			Schools		
2	be fill H and off	Be	17. Father's Name (First, Middle, Last)  Simmie L. Clinton			18. Mother's Name	e (First, Middle, M E. Wash			
Ž	hould d Mer marke marke	₽,	19a. Informant's Name/Relationship (Type, Print)	10h Mailio	g Address (Street a					
2	d 2 sith and the treut		Bennie E. Smith (Hush		Boyne S					
ນົ	Heal Heal		20a. Method of Disposition	20b. Place of Dispos	sition (Name of			20c. Location - Ci		
2	Pages ent of		1 Donation 5 Other (Specify) ↑	Gate of	Heaven	"Cem 9/]	L5/06 S	ilver S	Sprin	ig, MD
Da	permit. Pages 1 and 2 should be filed within 72 Department of Health and Mental Hygiene. Important: If item 27 ie marked other than "ne eny injury or other treumatic event, the Mealth 2002.		21. Signature of Funeral Service Licensee	71 de 122	Name and Addres	s of Facility Si Shingtor	OWDEN St.Ro	FUNERAL CKVILL	L HOM ∈ MD	E, P.A. 20850
			23a. Part1. Enter the disease, or complications that caus	out of my						proximate
	Dhuaisian		23a. Part1. Enter the disease, or complications that caus shock, or heart failure. List only one cause on each Immediate Cause (Final				in toophiatory atte	501,	Inte	erval Between set and Death
	Physician /Medical		disease or condition a. YUI ~	as a consequence of):	mbolism	)			_	
	Examiner			20 2 00/1000 01/1.						
	D #	ner	cause. Enter Underlying	is a consequence of):						
	and Al-trans	Examin	that initiated events c.							
Š			Due to (or a	as a consequence of):						
2	the by the	dicai	d			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
VOC .	The law requires that the death certificate has been signed by the attending rage 2 should be detached for fise as	Idian/Me	1 Ves 2 No 4 Pregnant	2 Fetal death 3	Ectopic pregnancy Other (specify)	3		23d. Date of Month		Year
	at the d	Ahys.	9 ☐ Unknown 9 ☐ Unknown							
ָר ה ה	w requires that the been signed by should be detact	eted by	Part II. Other significant conditions contributing to death	but not resulting in the un	derlying cause give	n in Part I.		oacco use contribu es 2 □ No 3	ute to the ca	
2	law requias been 2 should	piet	7				24a. Was ar	n 24b. We	re autopsy f	findings available
	The T	omb					autopsy perform 1 Yes 2	qed? dea	or to comple ith? Yes 2	
5	icien: Terrifica	Be	25. Was case referred to medical examiner?			26. Place ol Death			74	
5	Physic this ce	ပို	1 ☐ Yes 2 ☐ No Hospital: 1 ☐ Inpa			4 🗆 Nursing Ho	me 5 🗆 Reside	nce 6 Other	(Specify)	
	A Affect	5	1 Statutal 5 Tribiting	jury 28b. Time of lnjury	28c. Injury Work		28d. Describe ho	w injury occurred		
2	death death stor: / the	Call	2 Accident investigation 3 Suicide 6 Could not be 399 Place of I	njury - At home, larm, stre		es 2 □ No	201 Location /Ct	reet and Number	a Court Cou	
	l or Atten efter deat Director: In by the	Certif	4 Homicide determined 289. Place of the building,	etc. (Specify)	et, factory, office		City or Town	, State)	or Hurai Hol	ute Number,
	or the Hospitel or Attending Physicien: within 24 hours elter death sets death To the Funeral Director: After this certification to the Funeral director, Sperpletely filled in by the funeral director,	20	29a. Certifying Physician: To the be	st of my knowledge, death	occurred at the time	e, date and place,	and due to the ca	use(s) and mann	er as stated	
	he Ho he Fu	edic	(Check only 2 Medical Examiner: On the basis and manner	of examination and/or inv	estigation, in my op	inion, death occurr	ed at the time, da	ate and place, and	due to the	cause(s)
	To the To the Comple	Σ	29b. Signature and wife of certifier		29c. License	number	29	d. Date signed (#	Month, Day,	Year)
	10		PAN Emergency Ph	iysician	Door	>4 + 16		9/8/0	6	
			30. Name and address of person who completed cause of	1, MD	2600 01	d George	town Rd	Betupso	la, MI	>
2.	Sta Registr		31. Date liled (Month, Day, Year) SEP 1 3 2006 32. Segis	strar's Signature	wei					

State of Maryland / Department of Health and Mental Hygiene 2005 1 - For State Registrar Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death September 13 12:30 D. M. **Physician** Patricia Ann Schellenberg 2006 4a Facility Name (If not institution, give street and number) /Medical 4b Gity, Town, or Location of Death 4c. County of Death Examiner Baltimore St. agnes Health Care If Under 1 Year If Under 24 Hrs. Birthplace (State or Foreign Country) 6. Sex 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year 3-14-1959 5. Social Security Number **Funeral** Months Days 1 □ M 2 X F Hours Yrs. 220-78-9250 Maryland Director Usual Residence of Decedent Pages 1 and 2 should be filed within 72 hours after death with the Maryland neal of Health and Mental Hyglene. And the mary is marked other than "naturel", or lerma 23e or 28e-f show mit. If learn 27 is marked other than "naturel", or lerma 12e or 28e-f show my or other traumatic event, the Medical Exercities must be notified at 10c. City, Town or Location 10d. Inside City Limits 10a. State 10b. County 1 Yes 2 □ No Funeral Director Maryland N/A Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? USA 2420 Wilkins Avenue 21223 12. Was Decedent Ever in U.S. Armed Forces? 1 ☐ Yes 24 1 No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puento Rican, etc.) 14. Race - American Indian Black, White, etc. 1 Never Married 2 Married Baltimore, Maryland 21215-0036 1 Yes 2 No White Specify: Specify: þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) 10th College (1-4or 5+) N/A N/A 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Sue Mack John W. Schellenberg 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1542 Themes Drive, Davidsonville, MD 21035 Carol A. Fye/ Sister 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 X Cremation 3 ☐ Removal from State 9-15-06 Department of Important: If eny Injury or once. Kalas Crematory Edgewater, MD 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Fune at Service Licensee 22. Name and Address of Facility George P. Kalas Funeral Home 2973 Solomons Island Rd. Edgewater, MD 21037 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final Gastrointestinal bleeding **Physician** disease or condition resulting in death) /Medical Due to (or as a consequence of) **Examiner** cancer Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of) Be Completed by Physician/Medical Examiner sician and burial-transit Due to (or as a consequence of) physician a the burial Division of Vitar Records, P.O. Box 68760, IF FEMALE: 23c. If yes, outcome of pregnancy
1 ☐ Live birth 2 ☐ Fetal death 23d. Date of delivery 23b. Was decedent pregnant 3 Ectopic pregnancy in the past 12 months? 1 ☐ Yes 2 ☐ No Month Year Day 4 Pregnant at time of death 5 Other (specify) 9 Unknown Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ dnknown 24a. Was an autopsy performed? 1 ☐ Yes 2, No 24b. Were autopsy findings available prior to completion of cause of death?

1 Yes 2 No certificate 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ★ER/Outpatient 3 ☐ DOA Other: 4 \( \text{Nursing Home} \) 5 \( \text{Residence} \) 6 \( \text{Other} \( \text{(Specify)} \) 2 1 Yes 28 No 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 27. Manner of Death 28b. Time of 28d. Describe how injury occurred Medical Certification; Hospital or Attending 1 Natural 5 Pending 1 ☐ Yes 2 ☐ No 2 ☐ Accident investigation Director: 6 Could not be determined 3 🗀 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 24 hours a 1 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and pragner stated. 29a. Certifier within 24 ho To the Fun completely i (Check only one) 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifier D0053312 September 13,2006 900 cator avenue, Bultimore, NLD eterd cause of death (Item 23a) (Type, Print) Sugar, mo . Registrar's Signature Registrar

Schellen berg, Patricia

State of Maryland / Department of Health and Mental Hygiene 0 6 Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** Month Mary L. Smith \$eptember 13 2006 11:30 % /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Millenium @ South River Edgewater Anne Arundel 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs.
Months Days Hours Min. 8. Date of Birth (Month, Day, Birthplace (State or Foreign Country) **Funeral** Months 1□M 2√2F 79 Yrs. 218-36-7186 **Director** 1927 Mar D.C Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits or 28a-f show the Medical Exacting Prints be notified at Maryland Anne Arundel Harwood 1 ☐ Yes 2 X No Director 10e. Street and Number 10f Zin Code 10g. Citizen of What Country? 238 14. Race - American Indian, White, etc. 4750 Sands Rd Funerai 20776 filed within 72 hours after death flams ; 12. Was Decedent Ever in U.S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status 1 ☐ Yes 2 MNo If Yes, Give Year or Dates: 1 Never Married 2 Married ŏ Baltimore, Maryland 21215-0036 1 ☐ Yes 20 No Specify: δ Specify: Black ₩Widowed 4 Divorced "natural", Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry al Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) 12th 4yrs Juvenile Counselor Cedar Knoll School permit. Pages 1 and 2 should be file Department of Heath and Mental Hy Importent: If item 27 Is marked othe any injury or other treumatic event, once. 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Reuben Smith Sr. Louise Crew 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Reuben Smith Jr. (Brother) 907 F Royal St. Annapolis, Md. 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 □ Cremation 3 □ Removal from State Adams U.M. Church 9-20-06 Lothian, Md. * 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 22 Name and Address of Facility Wm. Reese & Sons Mortuary, P.A. Larry H. Reese MOOY83 821 West St. Annapolis, Md. 21401 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) Physician /Medical Due to (or as a consequence of): Examiner Sequentially list conditions if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events Due to (or as a consequence of) attending physician and for use as the burial-transit To the Hospital or Attending Phyaician: The law requires that the death certificate be executed resulting in death) Last Due to (or as a consequence of) Box 68760, Physician/Medical IF FEMALE: 23c. If yes, outcome of pregnancy 1 ☐ Live birth 2 ☐ Fetal death 23b. Was decedent pregnant in the past 12 months?

1 Yes 2 No
9 Unknown 23d. Date of delivery 3 Ectopic pregnancy Month Day Year 4□Pregnant at time of death 5 ☐ Other (specify) Division of Vital Records, P.O. 9 Unknown Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? Completed by 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? certificate 1 ☐ Yes 1 ☐ Yes 2 🗆 No 2 □ No 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: Other: မ 1 ☐ Yes 2 ☐ No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Jursing Home 5 ☐ Residence 6 ☐ Other (Specify) this After thi funeral 28a. Date of Injury (Month, Day Year) Certification; 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending 1/ Natural neral Diractor: A filled in by the fu investigation 1 ☐ Yes 2 ☐ No death. 2 Accident 6 Could not be 3 🗌 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 | Homicide within 24 hours after To the Funeral Dira Certifying Physicien: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical 29d. Date signed (Month, Day, Year) 29b. Signature and title of certified who completed cause of death (Item 23a) (Type, Print) 30, Name and address of person DAVE て(と 31. Date filed (Month, Day, Year) Registrar's Signature State SEP 1 5 2006 Registrar

			for State Registrar	State o	of Marylar		artment <i>rtificate</i>			nd Mental	Hygien Reg. N	ZIIIIb	31164
	Physici	ian	1. Decedent's Name (First, Middle,	Last)						2. Date of		ay Year	3. Time of Death
	/Medi			chein						Sept	ember	17, 2006	5:45 A M
	Examir	ner	4a. Facility Name (If not institution,	give street and nu	ım <i>ber)</i>		4b. City, T	own, or Lo	ocation of E	Death	4	c. County of Death	
	- Company	ė.	Continuum Care 5. Social Security Number 6	. Sex	7. Age (In yrs.	last birthday)	If Under 1		SVille If Under 24		f Birth	Carroll	place (State or Foreign
п	Funeral Director		212-20-2135	1□M 2⊠F	82	Yrs.					i. Dav. Yea	r) Cou	ington, DC
Ą	D		Usual Residence of Decedent							- Julia		1924 Wash	ingeon, be
	show	_	10a. State 10b. County		10c. Ci	ity, Town or Lo	cation						10d. Inside City Limits
	8a-f	Director	Maryland Carrol	1		Mount A							1 ☐ Yes 2 ☑ No
	with t	F	10e. Street and Number	-			10f. Zip C				10g. C	itizen of What Cou	ntry?
	leath	era	6290 Twin Pond:		edent Ever in U	15 13 1	Was Decede	2177		2 (Specify Ves		United St	
(0	r iten	Funeral	1 ☐ Never Married 2 ☑ Married	Armed Fo	orces?	7.3.	f Yes, specif	y Cuban,	Mexican, P	n? (Specify Yes o Puerto Rican, etc	)	Black, White,	
9	ral', o	þ	3 Widowed 4 Divorced	If Yes, Gi Year or D	ve		1□Yes 2Í	⊠ No 3	Specify:			Specify: Whi	.te
21215-0036	filed within 72 hours atter death with the Maryland Hygiene. ther then "natural", or items 23a or 28e-f show the the Mudical Examinar must be notified at	Completed	15. Decedent's (Specify only highest	Education		16a. Deced	dent's Usual kind of work	Occupation	on ina most of	f working	16b.	Kind of Business/In	dustry
2	Mithin hen hen	mpl	Elementary/Secondary (0-12)	College (		life. I	DO NOT use	retired)					
	Hygie Hygie Ther t		12 17. Father's Name (First, Middle, La	st)		<u> </u>	lomemal		Matharla	Name (First, Mi	delle. I de iste	Own Ho	me
Maryland	d be fantal l	Be c						16		,		n Sumame)	
<u>Z</u>	should ind Men ind Men ind Men	2	Abraham Meteli  19a. Informant's Name/Relationship			19b. Mailin	a Address (	Street and		Cherni:		or Town, State, Zig	Codel
	s 1 and 2 should be filed within 72 hours after death with the Manylan if Health and Mental Hygiene. Item 27 is marked other then "natural", or items 23a or 28a-f show other traumatic event, I're Mudical Examinar must be notified at		Paul Schein / So	on								Maryland	
altimore,	item of Hea item		20a. Method of Disposition	_	20b. I	Place of Dispo	sition (Name	of		Date		ocation - City or To	
Ĕ	Pages nent of I ant: If its ary or o		1 ☑ Burial 2 ☐ Cremation 3 4 ☐ Donation 5 ☐ Other (Spe		State	lean Me			Se   19	ptember , 2006	01r	ney, Mary	Land
alt	permit. Pages Department of I Important: if it any injury or o		21. Signature of Fundial Service Lic	ensee		22	. Name and	Address			Fune	ral Homes	. P.A.
8	207		100	As		8	E. Ric	dgevi	lle E	31vd. M	t. Ai:	ry, Maryl	and 21771
1,			23a. Part1. Enter the disease, or co shock, or heart failure. List or	mplications that of ly one cause on e	caused the deat each line.	th. Do not ente	er the mode	of dying, s	such as car	rdiac or respirato	ry arrest,		Approximate Interval Between
45	Physician		Immediate Cause (Final disease or condition resulting in death)	a. Ath	ieroscl	extic	Corro	hou	ruscu	nlar '	Dise	ease	Onset and Death
	/Medical Examiner		rosuming an dodain,	Due to	(or as a consec	quence of):			,				
A		-e	Sequentially list conditions, if any, leading to immediate	b	(or as a conseq	tuence of):							
	uted d ansit	Examiner	if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events			, , .							
o	exec en an rial-tr		resulting in death) Last	C. Due to	(or as a conseq	quence of):							
8760	icate be executed physicien and s the burial-transit	dical		d									
စ	ing pl	Med	IF FEMALE:										
Box	death certifi e attending p ed for use as	ian/	23b. Was decedent pregnant in the past 12 months?	1 ☐ Live b	tcome of pregna pirth 2  Feta	al death 3	Ectopic preg					23d. Date of delive Month	Day Year
	0 0 0	Physician/Me	1 ☐ Yes 2 ☑ No 9 ☐ Unknown	4∐Pregr 9☐ Unkn	nant at time of down	leath 5_	Other (spec	ofy)			-	77.017.11	Day Tua.
J.	law requires that the as been signed by th 2 should be detache	y P	Part II. Other significent conditions	contributing to d	eath but not res	sulting in the ur	derlying cau	ıse given i	n Part I.	23e. [	oid tobacco	use contribute to th	e cause of death?
Vital Records,	quires n sign	d by		Demo	nha					1	☐ Yes 2	No 3 Prob	ably 4 4 Unknown
000	as been si 2 should	ojete			,					24a. V	Vas an	24b. Were auto	psy findings available
H	0 - 0	Completed								_ p	utopsy erformed?	prior to cor death?	npletion of cause of
E a	ysician: Th is certificate director, pag	BeC	25. Was case referred to medical					26	S. Place of	☐ 1☐ Ye		o 1 ☐ Yes	2 KU NO
o	Physician: this certific	2	examiner? 1 ☐ Yes 2€No	Hospital: 1 ☐ I	Inpatient 2	ER/Outpatient	3□ DOA	Other			3-11	6 ☐Other (Specify	<i>'</i> )
	te fi	ë.	27. Manner of Death 1fSNatural 5 ☐ Pending	28a. Date (Mon	of Injury th, Day Year)	28b. Time of Injury	280	injury at Work?		28d. Descr	be how inju	iry occurred	
<u>s</u>	ten for: the	cati	2 Accident investigat 3 Suicide 6 Could not	he -			М		2 No				
DIVISION	or Attendia after death. Director: A d in by the fu	Certification:	4 Homicide determine	d 286. Place	of Injury - At he ng, etc. (Specif	ome, farm, stre	et, factory, c	office			n (Street a Town, Stat	nd Number or Rura e)	Route Number,
	To the Hospital or Attan within 24 hours after deatl To the Funeral Director: completely filled in by the		29a. Certifier 1 ☐ Certifying I	hysician: To the	best of my kno	owledge, death	occurred at	the time,	date and pl	lace, and due to	the cause(s	s) and manner as st	ated
	he Ho in 24 i he Fu pleteli	edical											
	To the within 2 To the complet	Σ	29b Signature and title of certifier				29c. L	icense nu	ımber		29d. Da	ate signed (Month, I	Day, Year)
-			10/12				1	143	372	5		1118/0	6
-	)		30. Name and address of person wh	o completed caus	e of death (Item	n 23a) (Type, F	Print)		Λ.	1 0		ate signed (Month, late signed (Month, late signed (Month, late signed (Month, late signed (Month, late signed (Month, late signed (Month, late signed (Month, late signed (Month, late signed (Month, late signed (Month, late signed (Month, late signed (Month, late signed (Month, late signed (Month, late signed (Month, late signed (Month, late signed (Month, late signed (Month, late signed (Month, late signed (Month, late signed (Month, late signed (Month, late signed (Month, late signed (Month, late signed (Month, late signed (Month, late signed (Month, late signed (Month, late signed (Month, late signed (Month, late signed (Month, late signed (Month, late signed (Month, late signed (Month, late signed (Month, late signed (Month, late signed (Month, late signed (Month, late signed (Month, late signed (Month, late signed (Month, late signed (Month, late signed (Month, late signed (Month, late signed (Month, late signed (Month, late signed (Month, late signed (Month, late signed (Month, late signed (Month, late signed (Month, late signed (Month, late signed (Month, late signed (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Mo	11221
	Sta	to.	TARIQ MAH 31. Date filed (Month, Day, Year)	32.	egistrar's Signa	7 15 GC	Crav	er	1V 20	ic roc	al	15alhin	ure
# 12 m	Registr		31. Date filed (Month, Day, Year)	2006	new .	15 do	ريان						

State of Maryland / Department of Health and Mental Hygiene 2006 1 - For Stata Registrar Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Sept. **Physician** 17, 2006 8:30A Betty Jane Snyder /Medical 4a. Facility Name (If not institution, give street and number) 4c. County of Death 4b. City Town or Location of Death Examiner Homewood at Crumalnd Farms Frederick Frederick 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) If Under 1 Year | If Under 24 Hrs. Aug. 6, 1923 9. Birthplace (State or Foreign Country) W VA **Funeral** Months Days Hours Min. 1 ☐ M 2 🕱 F 83 Yrs 216-16-0465 Director Usual Residence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or iteme 23s or 28a-f show treumatic event, the Medical Examinar must be notified at MD Director Frederick 1 ☐ Yes 2 No Frederick 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? or iteme 23a or 7401 Willow Rd. 21702 USA death Funeral 12. Was Decedent Ever in U.S. Armed Forces? 1 ☐ Yes 2 No If Yes, Give Year or Dates: 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 72 hours after 1 Never Married 2 Marned 3altimore, Maryland 21215-0036 1 ☐ Yes 2 XNo Specify: 2 Specify: White 3X Widowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) filed within Hygiene. other than Elementary/Secondary (0-12) College (1-4or 5+) 12 own home homemaker permit. Pages 1 and 2 should be file Department of Health and Mental Hy important: if I lem 27 is marked othe any injury or other treumatic event 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Otis B. Dudrow Kathryn Gano 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) David Snyder (Son) 4965 Woodhirst Dr., Frederick, MD 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) Date 20c. Location - City or Town, State M Burial 2 Cremation 3 Removal from State Reformed Cemetery 9/20/06 4 Defiation Middletown, MD 5 Other (Specify) 2) Signiture o Funeral Se vice Licenses Donald B. Thompson Funeral Home P. O. Box 18, Middletown, MD 21769 23a Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one sause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) Cancer Pnysician Advanced Syears /Medical Due to (or as a consequence of) Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of) Examiner physicien and s the burial-transit Hospitel or Attending Physicien: The law requires that the death certificate be executed Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical for use as IF FEMALE 23c. If yes, outcome of pregnancy 1 Live birth 2 Fetal death 23b. Was decedent pregnant 23d. Date of delivery 3 Ectopic pregnancy in the past 12 months? 1 ☐ Yes 2 ☐ No Month Day Year 4 Pregnant at time of death 5 Other (specify) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? þ 1 ☐ Yes 2 ☑ No 3 ☐ Probably 4 ☐ Unknown Completed 24a. Was an 24b. Were autopsy findings available prior to completion of cause of death? autopsy performed? 1 Yes 2 No 1 ☐ Yes 2 PNo Be 25. Was case referred to medical 26. Placy of Death | Check only one examiner Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 ☐ Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Day Year) 27. Manner of Death Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 Natural 5 Pending death. 1 ☐ Yes 2 ☐ No 2 Accident investigation efter death Director: / 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide pelli 24 hours e 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a Certifier Medical (Check only one) within 2 To the 29b. Signature and title of certifier 29c. License number 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Thomas Johnson Drive Registrar

15. Decedent's Education (Specify only highest grade completed)    College (1-4or 5+)   College (1-4or 5+)	Ac. County of Death  Ac. County of Death  Ac. County of Death  Ac. County of Death  Ac. County of Death  Ac. County of Death  Ac. County of Death  Ac. County of Death  Ac. County of Death  B. Birthplace (State or Foreign  Country)  10d. Inside City Limits  1
Funeral Director   Aa. Facility Name (If not institution, give street and number)   Ab. City, Town, or Location of Death   Snuspulcy	4c. County of Death
Funeral Director  Aurisum Agricum Months CONCC  5. Social Security Number  6. Sex  1 M 2 M F  60 Yrs.  Snusbliky  5. Social Security Number  219-44-1221  Usual Residence of Decedent  Aurisum Agricum Months Concerns Min.  60 Yrs.  Snusbliky  7. Age (In yrs. last birthday)  60 Yrs.  Months Days Hours Min.  6-23-19	9. Birthplace (State or Foreign Country) 146  10d. Inside City Limits 1  Yes 2 No  10g. Citizen of What Country?  USA  14. Race - American Indian, Black, White, etc.  Specify: White  16b. Kind of Business/Industry  Convenience Store  Maiden Sumame) 1 Harron  1 Harron 1 Harron 1 Harron 1 Harron 1 Harron 1 Harron 1 Harron 1 Harron 1 Harron 1 Harron 1 Harron
Funeral Director  5. Social Security Number 219-44-1221  Usual Residence of Decedent  6. Sex 1 M 2 MF 60 Yrs.  7. Age (In yrs. last birthday) 60 Yrs.  60 Yrs.  1 Under 1 Year If Under 24 Hrs. 60 Yrs.  60 Yrs.  60 Yrs.	10d. Inside City Limits  1  Yes 2 No  10g. Citizen of What Country?  USA  14. Race - American Indian, Black, White, etc.  Specify: White  16b. Kind of Business/Industry  Convenience Store  Maiden Sumame)  1  Harron  1  Gr, City or Town, State, Zip Code)
Director 219-44-1221 60 Yrs. 6-23-19 Usual Residence of Decedent	10d. Inside City Limits  1  Yes 2 No  10g. Citizen of What Country?  USA  14. Race - American Indian, Black, White, etc.  Specify: White  16b. Kind of Business/Industry  Convenience Store  Maiden Sumame)  1  Harron  1  Gr, City or Town, State, Zip Code)
Usual Residence of Decedent	10d. Inside City Limits  1 □ Yes 2 ☑ No  10g. Citizen of What Country?  USA  14. Race - American Indian, Black, White, etc.  Specify: White  16b. Kind of Business/Industry  Convenience Store  Maiden Sumame)  1 Harron  1 Harron  1 Gr, City or Town, State, Zip Code)
10a. State 10b. County 10c. City, Town or Location  MD Wicomico Delmar  10e. Street and Number 10e. Street and Number 10e. Street and Number 10e. Street and Number 11e. Was Decedent Ever in U.S. Amed Forces? 1   Yes   2 No   1   Yes   2 No   1   Yes   2 No   1   Yes   2 No   1   Yes   2 No   1   Yes   2 No   No   Year or Dates: 15. Decedent's Education (Specify only highest grade completed)  15. Decedent's Education (Specify only highest grade completed)  16. Decedent's Usual Occupation (Give kind of work done during most of working life. Do NOT use retired)  17. Father's Name (First, Middle, Last)  18. Mother's Name (First, Middle)  Rue Tawes McCready, Sr. Catherine Eller	1   Yes 2 No  10g. Citizen of What Country?  USA  14. Race - American Indian, Black, White, etc.  Specify: White  16b. Kind of Business/Industry  Convenience Store  Maiden Sumame)  1 Harron  1 Gr, City or Town, State, Zip Code)
MD Wicomico Delmar    10e. Street and Number   10f. Zip Code   21875   10e. Street and Number   33307 Melson Road   21875   11. Marital Status   12. Was Decedent Ever in U.S. Armed Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1. Mere Forces?   1.	10g. Citizen of What Country?  USA  14. Race - American Indian, Black, White, etc.  Specify: White  16b. Kind of Business/Industry  Convenience Store  Maiden Sumame)  1 Harron  er, City or Town, State, Zip Code)
10e. Street and Number  33307 Melson Road  11. Marital Status  1 Never Married 2 Married  1 Never Married 2 Married  1 Never Married 2 Married  1 Never Married 2 Married  1 Never Married 2 Married  1 Never Married 2 Married  1 Never Married 2 Married  1 Never Married 2 Married  1 Never Married 2 Married  1 Never Married 2 Married  1 Never Married 2 Married  1 Never Married 2 Married  1 Never Married 2 Married  1 Never Married 2 Married  1 Never Married 2 Married  1 Never Married 2 Married  1 Never Married 2 Married  1 Never Married 2 Married  1 Never Married 2 Married  1 Never Married 2 Married  1 Never Married 2 Married  1 Never Married 2 Married  1 Never Married 2 Married  1 Never Married 2 Married  1 Never Married 2 Married  1 Never Married 2 Married  1 Never Married 2 Married  1 Never Married 2 Married  1 Never Married 2 Married  1 Never Married 2 Married  1 Never Married 2 Married  1 Never Married 2 Married  1 Never Married 2 Married  1 Never Married 2 Married  1 Never Married 2 Married  1 Never Married 2 Married  1 Never Married 2 Married  1 Never Married 2 Married  1 Never Married 2 Married  1 Never Married 2 Married  1 Never Married 2 Married  1 Never Married 2 Married  1 Never Married 2 Married  1 Never Married 2 Married  1 Never Married 2 Married  1 Never Married 2 Married  1 Never Married 2 Married  1 Never Married 2 Married  1 Never Married 2 Married  1 Never Married 2 Married  1 Never Married 2 Married  1 Never Married 2 Married  1 Never Married 2 Married  1 Never Married 2 Married  1 Never Married 2 Married  1 Never Married 2 Married  1 Never Married 2 Married  1 Never Married 2 Married  1 Never Married 2 Married  1 Never Married 2 Married  1 Never Married 2 Married  1 Never Married 2 Married  1 Never Married 2 Married  1 Never Married 2 Married  1 Never Married 2 Married  1 Never Married 2 Married  1 Never Married 2 Married  1 Never Married 2 Married  1 Never Married 2 Married  1 Never Married 2 Married  1 Never Married 2 Married  1 Never Married 2 Married  1 Never Married 2 Married  1 Never Marr	USA  14. Race - American Indian, Black, White, etc.  Specify: White  16b. Kind of Business/Industry  Convenience Store Maiden Sumame)  Harron  er, City or Town, State, Zip Code)
33307 Melson Road  11. Marital Status  12. Was Decedent Ever in U.S. Armed Forces? 11. Marital Status 12. Was Decedent Ever in U.S. Armed Forces? 11. Marital Status 12. Was Decedent Ever in U.S. Armed Forces? 11. Yes 2 No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 13. Was Decedent of Hispanic Origin? (Specify Yes or N. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Yes 2 No Specify: 15. Decedent's Education (Specify only highest grade completed) 16. Decedent's Usual Occupation (Give kind of work done during most of working life. Do NOT use retired) 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle) Rue Tawes McCready, Sr. Catherine Eller	14. Race - American Indian, Black, White, etc.  Specify: White  16b. Kind of Business/Industry  Convenience Store  Maiden Sumame)  1 Harron  er, City or Town, State, Zip Code)
11. Marital Status  12. Was Decedent Ever in U.S. Armed Forces?  13. Was Decedent of Hispanic Origin? (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.)  14. Marital Status  1	Specify: White  16b. Kind of Business/Industry  Convenience Store  Maiden Sumame)  Harron  er, City or Town, State, Zip Code)
1 Never Married 2 Married 1 Yes, Give Year or Dates:  1 Yes, Give Year or Dates:  1 Store Clerk  1 Never Married 2 Married 1 Yes, Give Year or Dates:  1 Never Married 2 Married 1 Yes, Give Year or Dates:  1 Store Clerk  1 Never Married 2 Married 1 Yes, Give Year or Dates:  1 Store Clerk  1 Never Married 2 Married 1 Yes, Give Year or Dates:  1 Store Clerk  1 Never Married 2 Married 2 Married 1 Yes, Give Year or Dates:  1 Store Clerk  1 Never Married 2 Married 1 Yes, Give Year or Dates:  1 Never Married 2 Married 1 Yes, Give Year or Dates:  1 Store Clerk  1 Never Married 2 Married 1 Yes, Give Year or Dates:  1 Store Clerk  1 Never Married 2 Married 1 Yes, Give Year or Dates:  1 Store Clerk  1 Never Married 2 Married 1 Yes, Give Year or Dates:  1 Store Clerk  1 Never Married 2 Married 1 Yes, Give Year or Dates:  1 Store Clerk  1 Never Married 2 Married 1 Yes, Give Year or Dates:  1 Store Clerk  1 Never Married 2 Married 1 Yes, Give Year or Dates:  1 Store Clerk  1 Never Married 2 Married 1 Yes, Give Year or Dates:  1 Store Clerk  1 Never Married 2 Married 1 Yes, Give Year or Dates:  1 Store Clerk  1 Never Married 2 Married 1 Yes, Give Year or Dates:  1 Store Clerk  1 Never Married 2 Married 1 Yes, Give Year or Dates:  1 Store Clerk  1 Never Married 2 Married 1 Yes, Give Year or Dates:  1 Store Clerk  1 Never Married 2 Married 1 Yes, Give Year or Dates:  1 Store Clerk  1 Never Married 2 Married 1 Yes, Give Year or Dates:  1 Store Clerk  1 Never Married 2 Married 1 Yes, Give Year or Dates:  1 Store Clerk	Specify: White  16b. Kind of Business/Industry  Convenience Store  Maiden Sumame)  Harron  er, City or Town, State, Zip Code)
3 Widowed 4 Divorced Year or Dates:    15. Decedent's Education (Specify only highest grade completed)   16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired)   10   Store Clerk   10   17. Father's Name (First, Middle, Last)   18. Mother's Name (First, Middle Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page 2   19. Page	16b. Kind of Business/Industry  Convenience Store  Maiden Sumame)  1 Harron  1 Gr, City or Town, State, Zip Code)
15. Decedent's Education (Specify only highest grade completed)  16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired)  17. Father's Name (First, Middle, Last)  18. Mother's Name (First, Middle, Property of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complet	Convenience Store  Maiden Sumame)  1 Harron  1 Gr, City or Town, State, Zip Code)
Elementary/Secondary (0-12) College (1-4or 5+)  10  17. Father's Name (First, Middle, Last)  Rue Tawes McCready, Sr. Catherine Eller	Maiden Sumame)  1 Harron er, City or Town, State, Zip Code)
10 Store Clerk  17. Father's Name (First, Middle, Last)  Rue Tawes McCready, Sr. Catherine Eller	Maiden Sumame)  1 Harron er, City or Town, State, Zip Code)
Rue Tawes McCready, Sr. Catherine Eller	n Harron er, City or Town, State, Zip Code)
पुरुष्ट   Catherine Eller	er, City or Town, State, Zip Code)
19a Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Numb	
Paula Sterling - daughter 33307 Melson Road, Delmar, M	1 / 18/5
Paula Sterling - daughter 33307 Melson Road, Delmar, M.  20a. Method of Disposition  20a. Method of Disposition  20b. Place of Disposition (Name of commetery, crematory or other place)  Date	20c. Location - City or Town, State
1 🗵 Burial 2 🗆 Cremation 3 🗆 Removal from State	Salisbury, MD
Dodnes ru	
23a. P. nt. Inter the disease, or co. incations that caused the death. Do not enter the mode of dying, such as cardiac or respiratory a shock, or heart failure. List is one cause on each line.	rrest. Approximate
Immediate Cause /Final	
disease or condition disease or condition a. (United Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condition and Condi	30 pic
Due to (or as a consequence of):	# 012:1
Sequentially list conditions, if any, leading to immediate cause. Enter Undertying Cause (Disease or injury  Due to (or as a consequence of):  Due to (or as a consequence of):  Over 12  Over 23  Over 33  Over 34  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 35  Over 3	1 3.00
if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):	an 3 illain
The property of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the c	
9 50 0	0
The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	
X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	23d. Date of delivery  Month Day Year
	Month Day Tour
O et po e po e po e po e po e po e po e p	selecce use contribute to the enurse of death?
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.	tobacco use contribute to the cause of death?  Yes 2 No 3 Probably 4 Únknown
Spring part (Namic Rul Facture Sacondo 10	——————————————————————————————————————
The Cold of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the	psy prior to completion of cause of
	ormed? death? 2.25.No 1 □ Yes 2.55.No
1   Yes	one)
A samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of samilities of	
27. Manner of Death 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of Injury 28b. Time of Injury 28b. Time of Injury 28b. Time of Injury 30b of 29b 30b 30b 30b 30b 30b 30b 30b 30b 30b 30	how injury occurred
2 Accident investigation 2 See Place of Injury - At home, farm, street, factory, office 28f. Location	Street and Number or Purel Poute Number
27. Manner of Death 1 Natural 2   Accident 3   Suicide 4   Homicide 4   Homicide 5   Pending investigation 6   Could not be determined  28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)  28d. Date of Injury 28d. Time of Work? 1   Yes 2   No  28e. Place of Injury - At home, farm, street, factory, office 28f. Location City or To	Street and Number or Rural Route Number, wn, State)
25. Was case referred to medical examiner?  1	cause(s) and manner as stated
29a. Certifier  29a. Certifier  29a. Certifier  29a. Certifier  29a. Certifier  29a. Certifier  29b. Signature and title of certifier  29c. License number  29c. License number	
29a. Certifier (Check only one)  29a. Certifier (Check only one)  29b. Signature and title of certifier (29c. License number)  29c. License number	29d. Date signed (Month, Day, Year)
Beif S Man D-20050	9/17/06
30. Name and address of person who completed cause of death (Item 23a) (Type, Print)	111111111111111111111111111111111111111
30. Name and address of person who completed cause of death (Item 23a) (Type, Print)  BENITO S. CHAN 1340 S. Duisius St. Suct. 80	1, Jobly HD 21804
State 31. Date filed (Month, Day, Year) 32. Registrar's Signature	

DHMH 17 Rev 1/2001

ORIGINAL

Please Type or Print in Black Indelible Ink. Ensure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene - State Registrar Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** September 7 2006 0321 Taylor Vincent /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Prince Georges Ft. Washington 12216 Parkton St 5. Social Security Number If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, June 1 6. Sex 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1946 Days 1**⊠**M 2□ F Hours NČ 60 240-70-7689 June Director Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location r than "natural", or items 23a or 28a-f show the Madical Examinar must be notified at 10d. Inside City Limits 1 Yes 2 □ No by Funeral Director Prince Georges Ft. Washington 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 20744 U.S.A. 12216 Parkton St 12. Was Decedent Ever in U.S. Armed Forces? 1XIYes 2 □ No If Yes, Give Year or Dates: 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indian, Black, White, etc. 1 ☐ Never Married 2 X Married Baltimore, Maryland 21215-0036 1 ☐ Yes 2 XNo Specify: Specify: Black 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Postal Service <u>Letter Carrier</u> 17. Father's Name (First, Middle, Last) Be 18. Mother's Name (First, Middle, Maiden Sumame) ages 1 and 2 should be fit out of Health and Mental H it: If item 27 is marked oth permit. Pages 1 and 2 should be Department of Health and Mental Important: If item 27 is marked 1 any injury or other traumatic eve Allene Taylor Unknown 19b Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip.Code) 12216 Parkton St. Ft. Washington Md 20744 19a. Informant's Name/Relationship (Type, Print) Rosie Taylor 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Sept 13 20c. Location - City or Town, State 1 Burial 2 ☐ Cremation 3 ☐ Removal from State 2006 Lincoln Cemetery Brentwood 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility McLaughlin Funeral Home 21. Signature of Funeral Service Licensee 2019 MLK Jr Ave SE, Washington DC 20020 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final Physician disease or condition resulting in death) /Medical Due to (or as a consequence of) Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of) Examine Hospital or Attending Physician: The law requires that the death certificate be executed for use as the burial-transit Due to (or as a consequence of): Records, P.O. Box 68760 Physician/Medical IF FEMALE: 23c. If yes, outcome of pregnancy

1 Live birth 2 Fetal death

4 Pregnant at time of death 23b. Was decedent pregnant 23d. Date of delivery 3 ☐ Ectopic pregnancy in the past 12 months? Month Day Year 5 Other (specify) 1 ☐ Yes 2 ☐ No 9 Unknown 9 Unknown Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? δ 1 Yes 2 No 3 Probably 4 Unknown Completed Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy Division of Vital 1 Yes 2□ No Be 25. Was case referred to medical examiner? 26. Place of Death (Check only one) examiner?
1 Yes 2 No Hospital: Other: 4 ☐ Nursing Home 5 🖾 Residence 6 ☐ Other (Specify) 2 1 Inpatient 2 ER/Outpatient 3 DOA 28a. Date of Injury (Month, Day Year) Certification: 27. Manner of Death 28c. Injury at Work? 28b. Time of Injury 28d. Describe how injury occurred 1 Matural 5 Pending investigation 1 Yes 2 No 2 Accident 3 Suicide 6 □ Could not be 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29a. Certifier (Check only one) 29b. Signature and title of certified 29c. License number 29d. Date signed (Month, Day, Year) 30. Name and address of person who ompleted cause of death (Item 23a) (Type, Print) Louis Kaufman 12070 Old Line Center # 207 Waldo Md 20602 31. Date filed (Month, Day, Year) 2. Registrar's Signature State Registrar SEP 1 8 2006

		1 _ State	partment of Health and Meartificate of Death	ental Hygie	2006 31169
_		Registrar  1. Decedent's Name (First, Middle, Last)		2. Date of Death	3. Time of Death
Physici		Donald Edward Turner, Sr.		Month September	Day 13 2006 5:45 A M
/Medic Examir		4a. Facility Name (If not institution, give street and number)	4b. City, Town, or Location of Death		4c. County of Death
		Calvert Memorial Hospital	Prince Frederick		Calvert
Funeral Director		5. Social Security Number 6. Sex 12.14-36-1608 6. Sex 15. M 2 F 7. Age (In yrs. last birthda Yrs.		B. Date of Birth (Month, Day, Ye	
and w		Usual Residence of Decedent           10a. State         10b. County         10c. City, Town or	Location		10d. Inside City Limits
Maryl f ehc	ţō	MD Calvert Port R	epublic		1 □ Yes 2 No
n the r 28a r coli	Funeral Director	10e. Street and Number	10f. Zip Code	10g.	Citizen of What Country?
th wit	aiD	3155 North Avenue	20676		U.S.A.
r dea tems	neu	Armed Forces?	Was Decedent of Hispanic Origin? (Specify Yes, specify Cuban, Mexican, Puerto R	ify Yes or No- ican, etc.)	14. Race - American Indian, Black, White, etc.
If I I I I I I I I I I I I I I I I I I	by	1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 ☑ No If Yes, Give  3 ☐ Widowed 4 ☐ Divorced Year or Dates:	1 ☐ Yes 2 X No Specify:		Specify: White
72 ho	Completed	15. Decedent's Education 16a. Dec (Specify only highest grade completed) (Gir	edent's Usual Occupation we kind of work done during most of working	16b	. Kind of Business/Industry
Athin hen hen	mpie	Elementary/Secondary (0-12) College (1-4or 5+)	e kind of work done during most of working DO NOT use retired)		The second second
filed with Hygiene. other ther		12 Tr	uck Driver	First Middle Maid	Excavation
Mental I	To Be	Thomas Leslie Turner, Sr.		izabeth (	· · · · · · · · · · · · · · · · · · ·
and and is my			iling Address (Street and Number or Rural) 5 North Avenue, Por		
Heall Heall tem 2		20a Method of Disposition 20b. Place of Dis	position (Name of Da		. Location - City or Town, State
Pages nent of a		1 LXBurial 2 Cremation 3 Hemoval from State	rematory or other place) Lts Epis. Cem. 09–16	-2006 Su	nderland MD
portiniole, IV permit. Pages 1 and Dep riment of Health Importent: If item 27 poy injury or other tr			22. Name and Address of Facility	2000 Da	ace Editory 12
	-	Vista Vand	Rausch Funeral Home	, PA Owin	ngs, MD 20736
	2000	23a. Part1. Enter the disatise, or complications that caused the death. Do not e shock, or heart failure. List only one cause on each line.	nter the mode of dying, such as cardiac or	respiratory arrest,	Approximate Interval Between
Physician		Immediate Cause (Final disease or condition a Small bowel of	bstruction		Onset and Death
/Medical Examiner		Due to (or as a consequence of):	L	1	1
e	Jer	Sequentially list conditions, in any, leading to immediate b. Due to the as a consequence of):	tiuted adenocarcin	oma of	liver months
icuted nd ransit	Examin	Sequentially list conditions. If any, leading to immediate cause. Enter Underlying Cause (Disease or injury that intitated events resulting in death) Last  Due to (or as a consequence of):  Due to (or as a consequence of):	of foot		weeks
of ou,			scular disease		Years
physics the last	edicai	d. Teripherae Va	section alsease		
ath certii	Physician/Med		EEctopic pregnancy		23d. Date of delivery  Month Day Year
the de ached ached	hysic	1 □ Yes 2 □ No 9 □ Unknown 4 □ Pregnant at time of death 5	Other (specify)		
vequires that the death certificate seem signed by the attending preshould be detached for use as it.	by	Part II. Other significant conditions contributing to death but not resulting in the Diabetes multitus insulin-require	, ,	23e. Did tobacc	co use contribute to the cause of death?
law requir as been si 2 should	olete	Chronic rend insufficiency		24a. Was an	24b. Were autopsy findings available
The la	Completed	Hungetensim		autopsy performed 1 Yes 2	
Physicien: The Physicien: The Ithis certificate ha	Be	25. Was case referred to medical	26. Place of Death (		
Physic this c	၉	1 ☐ Yes 2 ☑ No Hospital: 1 ☑ patient 2 ☐ EP/Outpati  27. Mann, of Death 28a. Date of Injury 28b. Time	The second section is a second section of the second section in the second section is a second section of the second section in the second section is a second section of the second section in the second section is a second section of the second section in the second section is a second section of the second section in the second section is a second section of the second section is a second section of the second section is a second section of the second section is a second section of the second section is a second section of the second section is a second section of the second section is a second section of the second section is a second section of the second section is a second section of the second section is a second section of the second section is a second section of the second section is a second section of the second section is a second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of t		6 □Other (Specify)
Attending by death.  ector: After by the funer	ation	1 V atural 5 Pending (Month, Day Year) 2 Accident investigation		d. Describe how in	illury occurred
To the Hospital or Attending Physicien: The law requires that the death certificate be executed within 24 hours after death.  To the Funerel Director: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be detached for use as the burial-transit	Certification:	3 Suicide 4 Homicide 6 Could not be determined 28e. Place of Injury - At home, farm, so building, etc. (Specify)	street, factory, office	If. Location (Street City or Town, St	and Number or Rural Route Number, ate)
To the Hospital or within 24 hours afte To the Funerel Dir completely filled in	Medical (	29a. Certifier 12 Certifying Physician: To the best of my knowledge, de. (Check only one) 2 Medical Examiner: On the basis of examination and/or and manner stated.	ath occurred at the time, date and place, an investigation, in my opinion, death occurred	d due to the cause at the time, date	e(s) and manner as stated. and place, and due to the cause(s)
To th withir To th comp	Me	29b. Signature and title of certifier	29c. License number	29d. l	Date signed (Month, Day, Year)
		) Of mo	060390	0	9/13/2006
6		30. Name and address of person who completed cause of death (Item 23a) (Typ		MO	20678
	10	HDEEB, ) ABER 100 HOSPITAL KD. P  31. Date filed (Month, Day, Year)  \$22. Registrar's Signature	RINCE FREDERICK	1 (1)	20016
Sta Registi		SEP 1 5 2006 Keeper & Spe	le		

Please Type or Print in Black Indelible Ink. Ensure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene O.O.C.

			For Stete Registrer		State of	Marylar	nd / Depa <i>Cei</i>	artme <i>rtifica</i>	nt of H te of L	ealth and D <i>eath</i>	Men		en <b>2</b> ()	06	3	70
	Physici	an	Decedent's Name     NGOT	(First, Middle, La	TRAN			_		-		Date of Death Month	Day	Year	3. Time of	Death
	/Medic	al	4a. Fecility Name (If			nber)		4b. Cit	. Town, or	Location of Dea		EPTEMBER	14, 20 4c. Count		10:3	OP M
	Examin	er		RY GENERAL		,			OLNEY					GOMERY		
	Funeral Director		5. Sociat Security Nu 219-29-789		Sex 1 □ M 2 🖾 F	7. Age (In yrs. 79		If Und Month	er 1 Year Days	If Under 24 Hi Hours Mi	n. DE	Date of Birth Month, Day, 1 CEMBER 3	(ear) 1, 1926	9. Birthp Coun VIE	lace (State c try) TNAM	or Foreign
	and w		Usuat Residence of I	Decedent 10b. County		10c. Ci	ty, Town or Lo	cation						1	0d. Inside Ci	ity Limits
	Maryli -f eho	ţo	MARYLAND	MONTGON	ŒRY		SILVER S		;						1 ☐ Yes	
	th the	Director	10e. Street and Num	ber				10f. Z	ip Code			10	g. Citizen of	What Coun	try?	
	ath wil	raiD	8707 ARL	ISS STREET					209						F AMERI	CA
920	72 hours after death with the Maryland "natural", or iteme 23a or 28e-f ehow Idjest Exaciline count be notified at	by Funeral	11. Marital Status 1 ☐ Never Marrie 3 ☐ Widowed 4		12. Was Dece Armed For 1  Yes If Yes, Give Year or Da	ces? 2 No			edent of Hi ecify Cuba 2 → No	spanic Origin? n, Mexican, Pue Specify:	(Specify erto Rica	Yes or No- n, etc.)		ce - Americ ick, White, fy: AS		
21215-0036	_ 22	Completed	(Specif Elementary/Secon	15. Decedent's E fy only highest grandary (0-12)	ducation ade completed)  College (1-	-4or 5+)		dent's Us kind of v DO NOT MEMAK	rork done d use retired,	ation furing most of w	rorking	11	OWN H		lustry	
and 2	d be filed intal Hygie ed other	Be	17. Father's Name (F UNASCER	First, Middle, Last TAINABLE	))		HO	THETHA	EK	18. Mother's N		rst, Middle, Ma				
Maryland	ges 1 end 2 should be filed within it of Health and Mental Hygiene. If item 27 is marked other than of g. giher traumatic event, Ite Me	<b>P</b>	19a. Informant's Nar BRIAN TRAN		Type, Print)			_	ss (Street a	RACE, S		ute Number, R SPRING			Code)	
Baltimore,	0 0 = =				□Removal from S	State	Place of Dispo cemetery, crer LINCOL	natory of N CRE	other place	09/	Date /19/06	6	c. Location BRENTWO	OD, MAI	RYLAND	
Balt	permit. Pa Departmen Important: eny injury once.		21. Signature of Fun	Terat Service bice	nsee					S of Facility  MPSHIRE A						
	Physician /Medical		23a. Part1. Enterthis shock, or heart trimediate Cause (F disease or condition resulting in death)	Final	a. 5	used the dea ach line. MQ () or as a consec	CP	er the m	ode of dying			spiratory arres	t,		Approximat Intervat Bet Onset and I	ween
68760,	ireate be executed by physicien end in sithe burial-transit in in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its physician in its phys	ai Examiner	Sequentially list con if any, leading to immany, leading to immans. Enter Under Cause (Disease or if that initiated events resulting in death) La		b. — Due to (c	or as a consec	ци <del>о</del> псе об).									
Вох	death certii e ettending ed for use a	Physician/Medical	IF FEMALE: 23b. Was decedent in the past 12 n 1 □ Yes 2 9 □ Unknown	nonths?		nth 2 ☐ Feta ant at time of o	al death 3	Ectopic Other (	pregnancy specify)				1	ate of detive		Year
rds, P.O.	w requires thet the been signed by the should be detache	Ď	Part II. Other signific	cant conditions	contributing to de	ath but not res	sulting in the u	nderlying	cause give	en in Part I.		23e. Did toba	cco use con	tribute to th		death?
of Vital Records,	The la ate has page 2	Completed		-								24a. Was an autopsy perform 1 Yes 2		prior to cor death?	psy findings npletion of c	available ause of
Vita	Physician: Th this certificate ral director, pag	Be	25. Was case referre examiner?		Hospital:	,			Othe	26. Place of D						
	Attending Physic death.	ation: To	1 ☐ Yes 27 27. Manner of Death 1 Naturat 2 ☐ Accident	-	28a. Date o		28b. Time of tnjury		28c. Injury Work	4 🗀 Nursing		5 Resident			2	
Division		Certification:	3 ☐ Suicide 4 ☐ Homicide	6 Could not be determined	289. Place	of tnjury - At h ig, etc. (Speci	nome, farm, str	eet, facto	ory, office			Location (Stre City or Town,		ber or Rura	l Route Num	ber,
	he Hospitel in 24 hours a he Funerel I pistely filled	edical	29a. Certifier (Check only one)	Sertifying Pl 2 ☐ Medical Exa	hysician: To the miner: On the ba and mann	sis of examina	owledge, deatl ation and/or in	occurre vestigatio	d at the tim on, in my op	ne, date and pla pinion, death oc	ce, and c curred a	due to the cau t the time, dat	se(s) and m e and place,	anner as st , and due to	ated. the cause(s	;)
)	To the vithin 2 To the complete	Σ	29b. Signature and t	itle of certifier	M	~ H	<b>D</b>	2	9c. License	)631°	96	296	d. Date signe	ed (Month,	Day, Year)	
			30. Name and addre	o MCAL	completed cause	18	018	Print)	THE PH	wlip.	DN	Ve	Olne	4, M	208	132
	Sta Registr		31. Date filed (Month	SEP 18	2006	gistrar's Sign	K. A	2346	1	•				1		

			1 - For State Registrar	State of M	laryland	d / Depa	artmen <i>rtificat</i>	t of H e of L	ealth a	and M	lental Hy	giene (	06	31171
	Physic /Medi		1. Decedent's Name (First, Middle, La Virginia	J.		Wi1	liams	3			2. Date of De Septem	ath	, žear 06	3. Time of Death 3:20 A M
	Examir		4a. Facility Name (If not institution, give Doctors Communia 5. Social Security Number 6. S	ty Hospit	al			nham	Location of			4c. Cou Pri	nty of Death nce Ge	orge's
	Funeral Director			M 2 (X) X F	ge (In yrs. Ia 8:	**	Months	Days	Hours	Min.	8. Date of Bir (Month, Da 08/31/1	th 19, Year) 1923	9. Birthp Cour	place (State or Foreign htry) Kansas
	within 72 hours after death with the Maryland ene. than "naturel", or frems 23a or 28a-f ehow he Madical Examinar must be notified at	rector	10a. State 10b. County Maryland Calver  10e. Street and Number	t	10c. City,	Town or Lo	10f. Zip	Code				10g Citizon	of What Cour	0d. Inside City Limits 1 ☐ Yes 2 ▼No
	s 23a or	eral DI	2135 Haley's W				20	0736				J	JSA	
900	ours after de rel', or ftem Examiner o	by Fune	11. Marital Status  1 □ Never Married 2 □ Married  3 □ Widowed 4 □ Divorced	12. Was Decedent Armed Forces 1 ☐ Yes 2 If Yes, Give Year or Dates:	? Kno		Was Deced If Yes, spec 1 □ Yes		spanic Ori n, Mexicar Specify:	gin? (Spe n, Puerto	ecify Yes or No Rican, etc.)		Race - Americ Black, White, cify:	
Maryland 21215-0036	be filed within 72 ho htal Hygiene. Id other than "natur event, the Medical	Completed by Funeral Director	15. Decedent's E. (Specify only highest grant Elementary/Secondary (0·12)	ducation de completed) College (1-4or	5+)		dent's Usua kind of wo DO NOT us tress	al Occupa rk done d se retired,	ition luring mos	t of worki	ing		Business/Ind	,
yland	should be filed and Mental Hygie marked other umatic event, II	To Be C	17. Father's Name (First, Middle, Last)	enburg					18. Mothe Mar		(First, Middle, Pitner		iame)	
മ്	l and 2 sh leelth and lm 27 is m lher treum		19a. Informant's Name/Relationship ( Bruce Williams / So 20a. Method of Disposition	n			48th	Place	Colle	ge Pa	rk, Mary Pate	land 2	wn, State, Zip 10740 nn - City or To	
Baltimore,	it. Pagi irtment rtant: f njury o		1 Burial 2XXCremation 3 4 Donation 5 Other (Specifical Signature Liver 21. Signature Control Service Liver	0		as Crem	atory			-	/2006 rge P. Ka	_	iter, Mai	•
m T	Deperm Depe		23a. Parf1. Enter the disease, or com shock, or heart failure. List only	olioatiche that cauco	d the death		<u> </u>	xon H	<u>ill Ro</u>	ad Ox	on Hill,	Marylan	d 2074	45 Approximate
	/Medical Examiner	nlner	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause, Oisease or injury	*	RATION a conseque	PNEU								Intervat Between Onset and Death
68760,	The law requires that the death certificate be executed ate has been signed by the ettending physician and page 2 should be detached for use es the burial-transit	edical Examiner	that initiated events ' resulting in death) Last	cDue to (or as	a conseque	ence of):								
C. Box	that the death certific ed by the ettending p detached for use es	Physician/Me	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 □ Yes 2 ☒ No 9 □ Unknown	23c. If yes, outcome 1 Live birth 4 Pregnant a 9 Unknown	2 Fetal d	leath 3 □	Ectopic pre Other (spe						Date of delive Month	ry Day Year
rds, P	w requires that been signed t should be dett	þ	Part II. Other significant conditions of Dementia	ontributing to death b	out not result	ing in the ur	nderlying ca	use give	n in Part I.					e cause of death? ably 4 □Unknown
Division of Vital Records,	icien: The law recertificate has be ector, page 2 sh	Completed	<u>Diabetes Me</u>	llitus									prior to con death?	osy findings available npletion of cause of 2 No
<u> </u>	<b>9</b> ∞ <del>=</del>	To Be	25. Was case referred to medical examiner? 1 ☐ Yes 2 ☒ Ⅺo	Hospital:	ent 2∏ €	R/Outpatien	3 □ DO	Othe	_		(Check only on the 5 ☐ Resid		When /Const	
o uo	Attending Physicien: r death. ector: After this certifica by the funeral director.		27. Manner of Death 12 Natural 5 Pending 2 Accident investigation	28a. Date of Inju (Month, Da		8b. Time of Injury		Bc. Injury Work		2	8d. Describe h			)
DIVIS	To the Hospitel or Attending Phy within 24 hours efter death. To the Funerel Director: After thi completely filled in by the funeral or	Certification;	3 Suicide 6 Could not be 4 Homicide determined	286. Place of In	ury - At hom c. (Specify)	e, farm, stre	eet, factory,	office		2	8f. Location (S City or Tow	Street and Nui m, State)	mber or Rural	Route Number,
	To the Hospital or within 24 hours efte To the Funeral Dir. completely filled in the Funeral Dir.	Medical	29a. Certifier (Check only one) Check only	vsician: To the best iner: On the basis o and manner st	i examinatio	edge, death n and/or inv	occurred a estigation,	it the time in my opi	, date and nion, deat	d place, a h occurre	nd due to the d d at the time, d	ause(s) and date and place	manner as sta e, and due to	ated. the cause(s)
	withi Comp	×	29b. Signature and title of certifier	SM.	0	_		License D 45			1 .	Beptemb		
_	(5)		30. Name and address of person who opinder Singh	MD 143	00 Ga	llant	Fox ]	Lane	# 12	4 Bo	wie, Ma	ryland	207	15
	Sta Registr		31. Date filed (Month, Dey, Year) SEP 1 8 2006	52. Registr	ar's Signatur	hou	E.							

			1 - For State Registrar	State of M	laryland		rtmen tificate			and M	ental Hy	giene Rag. No.	006	31172
	Physici	an	1. Decedent's Name (First, Middle, Las								2. Date of Dea Month	ath Day	Yea	3. Time of Death
	/Medic	al	Robert Francis		Wise		45 Cib. 1	T	1	( D 1)	Septem		8, 200 County of De	
	Examin	er	4a. Facility Name (If not institution, give		/		4D. City,		Location o		e	40.		nce George's
f	Funeral		Social Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. S	7. A	ge (In yrs. la	ast birthday)	If Under	1 Year	If Under	24 Hrs.	8. Date of Birt	th Year)	9. B	irthplace (State or Foreign
н	Director		191-42-4101	□M 2□F	85	Yrs.	Months	Days	Hours	Min.	May 25	, 192		nnsylvania
	and w		Usual Residence of Decedent  10a. State 10b. County		10c. City	, Town or Lo	cation							10d. Inside City Limits
	Maryl f eho	Ď	  Maryland   Prince G	George's		Be.	ltsvi	116						1 ☐ Yes 2X No
	r 28e	rec	10e. Street and Number	occige b	.1		10f. Zip	_				10g. Citiz	zen of What (	Country?
	th with	alD	6001 Ammendale F	Road				20	705				USA	
	2 should be filed within 72 hours after death with the Maryland and Menial Hygiene.  Is marked other then "natural", or items 23a or 28e-f show sumatic event, the Madical Examirant marker notified at	Funeral Directo	11. Marital Status	12. Was Decedent Armed Forces	?	S. 13. \	Vas Deced Yes, spec	ent of Hi	spanic Ori n, Mexican	gin? (Spe i, Puerto	ecify Yes or No Rican, etc.)	-	14. Race - An Black, Wh	nerican Indian, nite, etc.
36	irs afte	by F	1 ☐Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	1 ☐ Yes 2 ☐ If Yes, Give Year or Dates:	•		Yes 2	No DX	Specify:				Specify:	White
Š	2 hou	ted	15. Decedent's Ed			16a. Deced	lent's Usua kind of wor			t of worki	00	16b. Kir	nd of Busines	s/industry
2	ithin 7	Completed	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4or	5+)	life. L	OO NOT us	e retired,	) -	OF WORK	ng .			
2	filed w Hygier other th	Cor	17. Father's Name (First, Middle, Last)	5+			Tea	cher		r's Name	(First, Middle,			s Education
auc	ould be f Mental h arked of atic eve	To Be	David Wise								rine Va		,	
Maryland 21215-0036	should ind Men marke umatic	F	19a. Informant's Name/Relationship (7 John P. McErlean,	ype, Print) Relic	gious rvisor	19b. Mailir	g Address	(Street a	ind Numbe	or or Rura	l Route Numbe	er, City of	r Town, State	, Zip Code)
Ž	and 2 ealth a n 27 le		John P. McErlean,	F.S.C.	-				Road	l, Be	ltsvil			nd 20705
altimore,	Pages 1 nent of He nnt: If Item		20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☐	Removal from State	1 00	ace of Dispo emetery, cren	sition (Nam natory or of	ne of ther place	e) S	ept.	23,	20c. Lo	cation - City	or Town, State
Ë	t. Pag rtment rtant:		4 ☐ Donation 5 ☐ Other (Specify	)	De I	La Sali			ry	200	6 I			, Maryland
Bal	permit. Pages 1 and 2 should be Department of Health and Menta Important: If Item 27 is marked eny injury or other treumatic ence.		21. Signature of Funeral Service Licen	Dools	<b>-</b>	500	D Uni	o gragnes vers	ity E	ms F Blvd,	uneral W, Si	Home Lver	Spring	g, MD 20901
			23a. Part1. Enter the disease, or comp shock, or heart failure. List only	olications that cause one cause on each l	d the death line.	. Do not ent	er the mode	e of dying	g, such as	cardiac c	r respiratory ar	rrest,		Approximate Interval Between Onset and Death
	Priysician /Medical		Immediate Cause (Final disease or condition resulting in death)	a. Intersti			nary	Fibr	osis				L.	16 Years
	Examiner			Due to (or as	s a consequ	ience of):								
		Jer	Sequentially list conditions, if any, leading to immediate	b. Due to (or as	з а больэци	ience Uf):								
	ocuted nd transit	Examiner	cause. Enter Underlying Cause (Disease or injury that initiated events	c										
8760,	certificate be executed adding physicien and use as the burial-transit	E	resulting in death) Last	Due to (or as	s a consequ	rence of):								
687	physics the t	dical		d										
Box	eath certific attending p for use as i	Physician/Med	IF FEMALE: 23b. Was decedent pregnant	23c. If yes, outcome	e of pregnar							2	23d. Date of d	elivery
œ.	D 0 D	sicia	in the past 12 months? 1 ☐ Yes 2 ☐ No	1□Live birth 4□Pregnant a 9□Unknown			Ectopic pro Other (spe						Month	Day Year
P.O.	that the de led by the a detached f	Phy	9 Unknown		h	Minor in the co			a ia Dad I		220 Did to		an annichuta	to the cause of death?
Division of Vital Records,	The law requires that the te has been signed by the hage 2 should be detached.	þ	Part II. Other significant conditions co	ontributing to death t	Dut not resu	illing in the ur	nderlying ca	ause give	m in ran i.	· 		res 2	•	Probably 4 Unknown
ecc	e iaw re has be je 2 sho	Completed									24a. Was	SV	prior to	autopsy findings available completion of cause of
<u> </u>		Con								-		rmed? 2 No	death'	? es 2□No
<u>≅</u>	ysicien: The lis certificete ha director, page	Be	25. Was case referred to medical examiner?	Hospital:		5010		Othe			Check only o			
ō	Attending Physicien: r death. ector: After this certifict by the funeral director. I	<u>ن</u> کو	1 ☐ Yes 2 ☐ No  27. Manner of Death	28a. Date of Inj (Month, Da		ER/Outpatien 28b. Time of		8c. Injury Work	4 🗆 140		ne 5 Resid			pecify)
<u>0</u>	Attending Ph or death. rector: After th by the funeral	atlo	1X□ Natural 5 □ Pending 2 □ Accident investigation		ay rear)	Injury	М		<br Yes 2 □ I	No				
Divis	F 2 = -	Certification:	3 ☐ Suicide 6 ☐ Could not be 4 ☐ Homicide determined	28e. Place of in	ijury - At ho tc. (Specify		eet, factory	, office			28f. Location (S City or Tov			Rural Route Number,
	To the Hospital or within 24 hours after To the Funerel Dir completely filled in	edical C		ysician: To the besi	of examinat									
	To the within To the	Me	29b. Signature and title of certifier				29c		number					nth, Day, Year)
)	3		) L'addin	a MI	)			D22	133			ept.	. 11, 2	2006
	~		30. Name and address of person who c Christine Delima,					oad,	#260	), La	urel, N	MD 20	0707	
1	Sta Registr		31. Date filed (Month, Day, Year) SEP 1 3 2	32 Regist	rar's Signat	ture do	who							

/Medi	cian	For State Registrar  1. Decedent's Name (First, Middle, Last)  Daniel Joseph V	Williams				2. Date of Death  Month  Contombo	Day Year	3. Time of Deat 6 0336 A
Exami		4a. Facility Name (If not institution, give sti			4b. City. Town, or	Location of Death	septembe	er 10, 200	
, Exami	mer	Harford Memorial H				le Grace		Harford	~
Funeral		5. Social Security Number 6. Sex	7. Age (In )	yrs. last birthday)			8. Date of Birth (Month, Day, ) June 22		hplace (State or Fore
Director	7	215-68-0134	M 2□F	51 Yrs.	Worth's Day's	Flours Will.	June 22	, 1955 Mar	yland
and		Usual Residence of Decedent  10a. State 10b. County	10c	. City, Town or Lo	ocation				10d. Inside City Lin
ath with the Maryland 23a or 28a-1 show	řo	MD Harford		Havre de	e Grace				1 ☐\Yes 2 ☐
the 728a	Director	10e. Street and Number			10f. Zip Code		100	g. Citizen of What Co	untry?
hours after death with the ture!, or terms 23e or 28e	a D	226 North Union Av	zenue		21	078		U.S.A.	
deat	Funerai		2. Was Decedent Ever i Armed Forces?	in U.S. 13.	Was Decedent of Hi		cify Yes or No-	14. Race - Ame Black, White	
within 72 hours after dea ene. "natural", or Items the Madical Examination	by Fu	1 Never Married 2 Married	1 ☐ Yes 2 ☑ No If Yes, Give		1 ☐ Yes 2√2 No		noari, oto.)	Specify:	ə, <del>0</del> 10.
hours ural	D D	3 Widowed 4 Divorced	Year or Dates:			ilia-		Wn	ite
within 72 ene. then "net	Completed	15. Decedent's Educa (Specify only highest grade	completed)	(Give	dent's Usual Occupa kind of work done d DO NOT use retired,	uring most of working	g 16	6b. Kind of Business/	Industry
with ene.	mo m	Elementary/Secondary (0-12)	College (1-4or 5+)	Coc				Restauran	+
illed Hygi other	BeC	17. Father's Name (First, Middle, Last)			7.11	18. Mother's Name			<u> </u>
should be ad Menta marked matic ev	To B	Samuel Williams				Mary F	rances M	IcCoy	
W	1	19a. Informant's Name/Relationship (Type		19b. Mailin	ng Address (Street a	nd Number or Rural	Route Number, (	City or Town, State, 2	lip Code)
and 2 palith n 27		Ronald Browning (F					Havre de	Grace, M	D 21078
permit. Pages 1 and 2 Department of Health a Important: if item 27 is eny injury or other tra once.		20a. Method of Disposition 1 ☐ Burial 2 ☑ Cremation 3 ☐ Re	moval from State	<ul> <li>Disposition of Disposition /li></ul>	osition (Name of matory or other place	Da	,	c. Location - City or	Town, State
Pag ment ant: i		4 Donation 5 Other (Specify)	R	. A. Fer	ris & Co.	9/12/	06 W	Jest Chest	er, PA
Departiment import		31 Fignature of Funeral Service Licensee	3 1 1	22	² Name and Addres Tarring—C Aberdeen	argo_Fune	ral Home	P.A.	
40 5 9 Q	10	23a. Part1. Enter the disease, or complication	Jellm						Approximate
ate be executed www. hysicien and the burial-transit	icai Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  d.	Due to (or as a con Due to (or as a con Due to (or as a con	sequence of):	eastres Lane	aryou.	g Sur with S	acry Curgers Lexaminer	
death certifica le attending ph ad for use as th	Physician/Med	in the past 12 months?	c. If yes, outcome of pre	Fetal death 3	Ectopic pregnancy	CERTIFICATION	N APPROVED BY	23d. Date of deli	very Day Year
	ysic	1 ☐ Yes 2 ☐ No 9 ☐ Unknown	9☐Unknown	or death 5	Other (specify)				
the de	5	Part II. Other significant conditions contr	ributing to death but not	resulting in the u	nderlying cause give	n in Part I.	23e. Did toba	cco use sontribute to	the cause of death?
thet the dended by the detached								2 No 3 Pro	bably 4 Unkno
quires thet the de n signed by the uld be detached		Obesity					1 🗆 Yes		, –
v requires thet the been signed by th should be detach		Obesity					1 ∐ Yes 24a. Was an	24b. Were au	topsy findings availa
		Obesity					24a. Was an autopsy performs	prior to death?	topsy findings availa completion of cause
	Completed by	25. Was case referred to medical				26. Place of Death	24a. Was an autopsy performe 1 Yes 2	prior to c death?	toosy findings availa
	Be Completed by	25. Was case referred to medical	spital: 1 □ Inpatient 2	2 FR/Outpatien	nt 3 DOA Othe	26. Place of Death  T 4 ☐ Nursing Hom	24a. Was an autopsy performs 1 Yes 20	prior to death?	topsy findings availa completion of cause 2 No
	To Be Completed by	25. Was case referred to medical examiner?  15 Yes Ho: 27. Manner of Death	spital: 1 □ Inpatient 2 28a. Date of Injury (Month, Day Year		IL SU DOA	r: 4 ☐ Nursing Hom	24a. Was an autopsy performs 1 Yes 20	prior to death?  No 1 Yes  ce 6 Other (Spec	topsy findings availa completion of cause 2 No
	To Be Completed by	25. Was case referred to medical examiner?  150 Yes Ho:  27. Manyer of Death  1 Natural 5 Pending 2 Accident investigation	28a. Date of Injury (Month, Day Year	28b. Time of Injury	f 28c. Injury Work M 1 Y	at 20 2 No	24a. Was an autopsy performs 1 Yes 20 (Check only one)  e 5 Residential Residential Check only one)	od? prior to c death? 1 Yes	topsy findings availa completion of cause of 2 No
	To Be Completed by	25. Was case referred to medical examiner?  1 ▼ Yes  Ho:  27. Manner of Death  1 □ Natural 5 □ Pending	I _ Inpatient 2	28b. Time of Injury	f 28c. Injury Work M 1 Y	at 20 2 No	24a. Was an autopsy performs 1 Yes 20 (Check only one)  e 5 Residential Residential Check only one)	d? prior to c death? 1 Yes  ce 6 Other (Special pury occurred)	topsy findings availa completion of cause of 2 No
	Certification: To Be Completed by	25. Was case referred to medical examiner?  15 Yes Ho:  27. Manner of Death  1 Natural 5 Pending  2 Accident investigation  3 Suicide 6 Could not be determined	28a. Date of Injury (Month, Day Year 28e. Place of Injury - A building, etc. (Spi	28b. Time of Injury  At home, farm, streecify)	f 28c. Injury Work M 1 Y eet, factory, office	at 2 No 2	24a. Was an autopsy performe 1 Yes 2 (Check only one) e 5 Residence Bd. Describe how City or Town,	prior to cleant? death? 1 Yes  ce 6 Other (Specialingury occurred)  et and Number or Ru State)	topsy findings availation pletion of cause of 2 No Strip)
	Certification: To Be Completed by	25. Was case referred to medical examiner?  127 Yes  27. Manner of Death  1 Natural 5 Pending 2 Accident investigation 3 Suicide 6 Could not be determined  29a. Certifier  1 Certifying Physic	28a. Date of Injury (Month, Day Year  28e. Place of Injury - A building, etc. (Spi  cian: To the best of my  10. On the basis of exam	28b. Time of Injury  At home, farm, strectify)	f 28c. Injury Work 1 Yeet, factory, office	at 2 No 21	24a. Was an autopsy performs 1 Yes 20 (Check only one) e 5 Resident Bd. Describe how	ce 6 Other (Specinjury occurred	topsy findings availation of cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the ca
	To Be Completed by	25. Was case referred to medical examiner?  127 Yes  27. Manner of Death  1 Natural 5 Pending 2 Accident investigation 3 Suicide 6 Could not be determined  29a. Certifier 1 Certifying Physic (Check only 2 Medical Examine	28a. Date of Injury (Month, Day Year  28e. Place of Injury - A building, etc. (Springer)	28b. Time of Injury  At home, farm, strectify)	f 28c. Injury Work 1 Yeet, factory, office	at 21 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2	24a. Was an autopsy performs 1 Yes 20 (Check only one)  e 5 Residented. Describe how a city or Town, and due to the caudat the time, date	ce 6 Other (Specinjury occurred	topsy findings availation of cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the ca
Hospital or Attending Physicien: The lav 14 hours after death. Funeral Director: After this certificate has tely filled in by the funeral director, page 2	Certification: To Be Completed by	25. Was case referred to medical examiner?  127 Yes Ho:  27. Manner of Death  1 Natural 5 Pending 2 Accident investigation 3 Suicide 6 Could not be determined  29a. Certifier (Check only one)  29. Medical Examine	28a. Date of Injury (Month, Day Year  28e. Place of Injury - A building, etc. (Spi  cian: To the best of my  37: On the basis of exam	28b. Time of Injury  At home, farm, strectify)	28c. Injury Work M 1 Yeet, factory, office	at 21 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2	24a. Was an autopsy performs 1 Yes 20 (Check only one)  e 5 Residented. Describe how a city or Town, and due to the caudat the time, date	ce 6 Other (Specinjury occurred  et and Number or Rustate)  se(s) and manner as and place, and due	topsy findings availation of cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a cause of a caus
	Certification: To Be Completed by	25. Was case referred to medical examiner?  127 Yes Ho:  27. Manner of Death  1 Natural 5 Pending 2 Accident investigation 3 Suicide 6 Could not be determined  29a. Certifier (Check only one)  29. Medical Examine	28a. Date of Injury (Month, Day Year)  28b. Place of Injury - A building, etc. (Spi	28b. Time of Injury  At home, farm, streecify)  knowledge, death nination and/or im	28c. Injury Work M 1 Yeet, factory, office The occurred at the time vestigation, in my op  29c. License	at 21 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2 / Per 2	24a. Was an autopsy performs 1 Yes 20 (Check only one)  e 5 Residented. Describe how a city or Town, and due to the caudat the time, date	ce 6 Other (Specinjury occurred  et and Number or Rustate)  se(s) and manner as and place, and due	topsy findings availation of cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the ca

			State of	Maryland / De				•	
		•	State Registrar Amend#7.Per: FH PCC 9-1		Certificate			2006	31174
€ <b>Ú</b> F	. 20%		Decedent's Name (First, Middle, Last)				2. Date of Death	1	3. Time of Death
	Physici /Medic		SAMSONE	405EF	2		9 114 06	Day Year	1:40 a _м
	Examin		4a. Facility Name (If not institution, give street and nun	iber)		wn, or Location of Death		4c. County of Death Montgomery	
			LUASHINGTON ADUENT  5. Social Security Number 6. Sex	7. Age (In yrs. last birtho		coma Park Year   If Under 24 Hrs.	9 Date of Birth		(Otato as Foreign
п.	Funeral Director		219-61-320 10 M 20F	39 40 ^{Yr}	Months	ays Hours Min.	8. Date of Birth (Month, Day,	A COLOR HTDT	ce (State or Foreign y) Lopia
	D		Usual Residence of Decedent  10a. State 10b. County	10c. City, Town o	-1		- 170		
	/anyla	ō	Md. 10b. County  Montgomery	-	Spring			100	d. Inside City Limits 1 Yes 2 No
	1 the N	Director	10e. Street and Number		10f. Zip Co	ode	10	g. Citizen of What Country	y?
	be filed within 72 hours after deeth with the Maryland Hygiene. d other than "natural", or items 23s or 28s-f show a other than "natural", or items 23s or 28s-f show avent, I'm Madical Examinar must be notified at	aiD	8802 Manchester Road		209	901	E	Ethiopia	
	r dee	Funeral	11. Marital Status 12. Was Dece Armed For	dent Ever in U.S.	13. Was Deceden	t of Hispanic Origin? (Sp Cuban, Mexican, Puerto	ecify Yes or No- Rican, etc.)	14. Race - American Black, White, et	
36	rs afte	by Fu	1 ☐XNever Married 2 ☐ Married 1 ☐ Yes If Yes, Giv Year or Da	2X□No e	1 ☐ Yes 2 🖸			Specify: Blac	
9	2 hou atura cal E		15. Decedent's Education		ecedent's Usual C	occupation	. 1	6b. Kind of Business/Indu	stry
215	within 7 iene. then 'n	Completed	(Specify only highest grade completed)  Elementary/Secondary (0-12) College (1	-40r 5+)		ocupation done during most of work etired)	ang	Maintenance	
12	filed w Hygier ther th	Cor	12th  17. Father's Name (First, Middle, Last)	Se	elf Emplo		e (First, Middle, M		
and		To Be	Tomeru Yosef				Le Yemeru		
Maryland 21215-0036	d 2 should th and Men 7 is marke traumatic	-	19a. Informant's Name/Relationship (Type, Print)	19b. N	Mailing Address (S	treet and Number or Rui	al Route Number,	City or Town, State, Zip C	Code)
	s 1 and 2 f Heelth ( item 27 i		Selamawit Woldeamlak		and a trade of the contract			Largo, Md.	20774
ore	00==		20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from 9	cemetery,	Disposition (Name crematory or other Cemete:	r place)		Oc. Location - City or Town	
	permit. Pag Depertment Importent: I eny injury o		4 □Donation 5 □ Other (Specify)  21. Signature of Funeral Service Licensee	ramiti.		Address of Facility	1-00 P	adis Ababa,	Ethiopia
Ba	permit. Depertmine imports any injuict.		Menda C. Bacas	~ CC361	W. H. Ba	acon Funera	l Home, l	Inc. V. Washington	n DC 2001
			23a. Part1. Enter the disease, or complications that conshock, or heart failure. List only one cause on e	aused the death. Do no	t enter the mode o	f dying, such as cardiac	or respiratory arre	st, A	Approximate nterval Between
	Physician		Immediate Cause (Final disease or condition	eta stelic	Lein				Onset and Death
	/Medical Examiner		resulting in death)  Due to (	or as a consequence of)	):	9		)	
		er	Sequentially list conditions, if any, leading to immediate Due to (	or as a consequence of)	agic	brain	mera	stasis.	
	cuted nd ransit	Examin	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events c.	eft PL	eural	Effus	ion		
,092	eath certificate be executed attending physicien and for use as the burial-transit	I Ex	resulting in death) Last Due to (	or as a consequence of)	):				
	icate t physic	dicai	d						
Box (	nding use a	n/Me		come of pregnancy	-			23d. Date of delivery	,
W.	death	sicla	in the past 12 months?	irth 2 ☐ Fetal death ant at time of death	3 ☐ Ectopic pregi 5 ☐ Other (speci			Month D	ay Year
P.0	thet the de ed by the detached	Physiclan/Med	9 Unknown				00 P/4414		
ds,	aires the signed d be de	d by	Part II. Other significant conditions contributing to de	am but not resulting in t	ne underlying caus	se given in Part I.		acco use contribute to the s 2 □ No 3to Probat	cause or death?
S	w requir been s should	iete					24a. Was ar		sy findings available
Vital Records,	The lav	Completed					autopsy	prior to comp ed? death?	oletion of cause of No
ita	iician: T certifice rector, p	Be C	25. Was case referred to medical examiner?			26. Place of Deat	h Check only one		<u>x-140</u>
of \	Physic this call dire	၉	1 Yes 2 No	npatient 2 ER/Outp		<del></del>		nce 6 Other (Specify)	
u O	ding I	tion	27. Manner of Death  1 Natural 5 Pending 2 Accident investigation  28a. Date of Monte	of Injury 28b. Tin h, Day Year) Inju	ne of 28c.	Injury at Work? 1 Yes 2 No	28d. Describe ho	w injury occurred	
Division	at or Attending P is efter death. I Director: After to d in by the funera	Certification;	3 Suicide 6 Could not be	of Injury - At home, farm				eet and Number or Rural F	Route Number,
Ö	rs efter ai Directed in by	Cert	4   Homicide Builds	ng, etc. (Specify)			City or Town,	State)	
	To the Hospital or Attending Physician: The law requires thet the death certifica within 24 hours effer death.  To the Funaral Director: After this certificete has been signed by the attending ph completely filled in by the funeral director, page 2 should be detached for use as the	Medical	29a Certifier (Check only one) 2 Medical Examiner: On the band many and many	asis of examination and/	death conumed at lor investigation, in	he time, date and place, my opinion, death occur	and due to the ear	use(s) and manner as state te and place, and due to the	he cause(s)
	To the within 2 To the complet	Med	one) and mani 29b. Signature and title of certifier	ner stated.		icense number		d. Date signed (Month, Da	
	- s + ō		Kejal Des Sup	le		64699		9/14/06	
P	(6)	1	30. Name and ad ress of person who completed caus	e of death (Item 23a) (T					100
7			4214 UNIVERSI 31. Date filed (Month, Day, Year) 32. R	My Dru	e Fa	irfer	VA - 2	2030	
	Sta Regista		SEP 1 5 2006	egistrar's Signature	ale .				

DHMH 17 Rev 1/2001

~300

ORIGINAL

			For State Registrar		C	ertificate of	Death	R	eg. No.		
.02	Fig. 3	3.5	Decedent's Name (First, Middle,	Last)				2. Date of Deat	th	V	3. Time of Death
	Physici		ETHEL	ALLEN				Month Septembe	Day er 28	Year 2006	11:52p M
	/Medio		4a. Facility Name (If not institution,		)	4b. City, Town,	or Location of Dea			nty of Death	
		Ϋ.	1435 GOODWOOD	AVENUE		BALTI	MORE		BA	ALTIMO	RE CO
	Funeral			6. Sex 7. A	ge (In yrs. last birthd		If Under 24 Hr		Year)	9. Birthpl Count	ace (State or Foreign
,	Director		220-22-6789	1□M 2\XF	85 Yrs	. Northis Days	110010	JUL 23			YLAND
	pu »		Usual Residence of Decedent		10c. City, Town o	Location				10	Od. Inside City Limits
	shov	_	10a. State 10b. County							, ,	1 ☐ Yes 2 🖾 No
	8a-f	Director		TIMORE	ESS	EX			On Citizon o	of What Count	ta.2
	with the	Dir	10e. Street and Number						•		uy:
	s 23	Funeral	1435 GOODWOOD	AVENUE 12. Was Deceden	Succia H.S.	212		Spacify Vac or No.	U.S.	. A . ace - America	an Indian
	er de Item	nu	11. Marital Status  1 □ Never Married 2 □ Marrie	Armed Forces		<ol> <li>Was Decedent of If Yes, specify Cub</li> </ol>	oan, Mexican, Pue	erto Rican, etc.)		lack, White, e	
36	ges 1 and 2 should be filed within 72 hours after death with the Maryland to f Health and Mental Hygiene. If Itam 27 is marked other then "natural", or Items 23a or 28a-f show or other traumatic event, the Madical Examiner must be notified at	by F	3 X Widowed 4 □ Divorced	If Yes, Give	140	1 ☐ Yes 2 <b>XX</b> No	Specify:		Spec	city: BLA	CK
215-0036	thon stura		15. Decedent'	s Education	16a. De	cedent's Usual Occu	pation		16b. Kind of	Business/Ind	lustry
15	in 72	Completed	(Specify only highest Elementary/Secondary (0-12)	grade completed)  College (1-4or		ive kind of work done e. DO NOT use retire	a during most of w ad)	rorking			
212	d within giene. ir then "	E O	7th grade	College (1 40)		MESTIC/NAN	INY		PRIV	VATE	
D	il Hygi other	O	17. Father's Name (First, Middle, L	ast)			18. Mother's N	ame (First, Middle, I	Maiden Suma	ame)	
<u>lar</u>	should be to marked or umatic eve	To B	JAMES LEWIS				ANNIE	LEE GILLS	3		
Maryland	2 should be filed withir and Mental Hygiene. Is marked other then surnatic event, Tie M.		19a. Informant's Name/Relationsh	ip (Type, Print)	19b. M	ailing Address (Stree	t and Number or i	Rural Route Number	, City or Tow	m, State, Zip	Code)
	and 2 salth a n 27 ly		Carolyn Allen/D	aughter	14	35 Goodwoo	d Ave.,	Baltimore	, Mary	yland	21221
J.	ges 1 and 2 it of Health II Itam 27 i		20a. Method of Disposition  1XXBurial 2 □ Cremation	0	comptany	sposition (Name of crematory or other pla	ace)	Date	20c. Location	n - City or To	wn, State
Baltimore,	Page nent int: If		4 □Donation 5 □ Other (Sp	_	1	CEMETERY	10-	-5-2006 E	BALTIMO	ORE, M	ARYLAND
a E	permit. Page Department i Important: If any injury o		21. Signature of Lutter Salvice t	Jeffson .	./	22. Name and Addr	ess of Facility	MMIINTTV F	TINERAI	r HOME	P.A.
m	Peng Peng Peng Peng Peng Peng Peng Peng	1	1/1/4	xollen		1206 W NOF			ONDIGI		
			23a. Part 1. Enter the disease, or shoot or heart failure. List of	complications that cause only one cause on each	d the death. Do not line.	enter the mode of dy	ing, such as cardi	ac or respiratory arr	est,		Approximate Interval Between
	Physician		Immediate Cause (Final disease or condition		creatic	Cancer	-				Onset and Death
	/Medical		resulting in death)		s a consequence of):						
	Examiner		Commented to the first area distinguished	b							
	T =	ner	Sequentially list conditions, it any, leading to immediate cause. Enter Underlying Cause (Disease or injury	Due to (or e	s a consequence of)						
	ocuter nd trans	Examin	that initiated events	c							
0	e exe ien a urial-		resulting in death) Last	Due to (or a	s a consequence of):						
68760,	rtificate be executed ng physicien and as the burial-transit	Medical		d							
	TE OF SE	Mec	IF FEMALE:	T						1	
Вох	law requires thet the death ce as been signed by the ettendir 2 should be detached for use	lan/	23b. Was decedent pregnant in the past 12 months?		2 Fetal death	3 Ectopic pregnan	су			Date of delive Month	ry Day Year
	the e	Physician/	1 ☐ Yes 2 ☐ No 9 ☐ Unknown	4∐Pregnant 9☐Unknown	at time of death	5 Other (specify)					
P.O.	thet the de ed by the detached		Part II. Other significant conditio	ns contributing to death	but not resulting in th	ie underlying cause g	iven in Part I	23e. Did to	bacco use co	ontribute to th	ne cause of death?
ŝ	res the signed I be del	2	12 000 405	no contributing to doutin	but not rooditing in t	is underlying easily g	TVOIT II. V CAN II.		es 2□No		
9	w require been si should b	Completed	119/201 (113)	1	_ •				- T		
ec	e law has b	npidu	Coronary A	rtery Di	sea se			24a. Was a autops perfor	SV	<ol> <li>Were autor prior to cor death?</li> </ol>	psy findings available appletion of cause of
=	Th pag	Ö							2/2 No	1 Yes	2 No
/ita	Physicien: The this certificete ral director, pag	Be	25. Was case referred to medical examiner?	Hospital:	· · · · · · · · · · · · · · · · · · ·	0	thon	eath (Check only or			
of	Physical direction	2	1 ☐ Yes 2 No	1 🗆 Inpa		MIGHT 3 DOA		Home 5 Resid			v)
Ĕ		lon	27. Manner of Death  Salatural 5 Pending	28a. Date of In (Month, D	jury 28b. Tim ay Year) Inju	ry W	uryat ork? ⊒Yes 2 ⊒No	28d. Describe n	ow injury occ	urred	
Sign	teath death tor: the	cat	2 Accident investig		aire. At home for			28f Location /S	troot and Nur	mher or Pum	I Route Number,
Division of Vital Records,	of or Attence of the death Director:	Certification:	4 Homicide determine	ned 289. Place of a building,	njury - At home, farm atc. (Specify)	, street, radory, office	,	City or Tow	n, State)	noor or ribra	i riodio ridinosi,
_	Hospitel 24 hours of Funeral tely filled	Ö	29a. Certifier Certifyin	g Physician: To the bes	t of my knowledge o	leath occurred at the	time, date and pla	ice, and due to the c	ause(s) and	manner as si	ated.
	the Hospitel or At hin 24 hours efter of the Funeral Direc	edicai		xaminer: On the basis and manner:	of examination and/o						
	To the within 2 complet	Me	29b. Signature and title of certifier	7 // -		29c. Licer	nse number	2	29d. Date sign	ned (Month,	Day, Year)
	· ·		111 4	1,00		Hac	555997	,	101	02/0	(
	2		30. Name and address of person	who completed cause of	death (Item 23a) (Ty						<b>W</b>
	り		Dehorah	GALLO P	المرادة	ou Holch	al Ave	Balton	ner	MO	21222
(38	St	ate	31. Date filed (Month, Day, Year)	3 Regis	trar's Signature	la Ra	T.C.			-	
	Regist		OCT 03	2006	death (Item 23a) (Ty	BULLES .					

			1- State of Maryland / Department of Health and Certificate of Death		erie 2006 _{3. No.}	31176					
	Physici		Decedent's Name (First, Middle, Last)     AMELIA R. ABERNATHY	2. Date of Death Septemi	Date of Death Month Carr 30,2006 3. Time of Death 11:50P м						
	/Medic Examin		4a. Facility Name (If not institution, give street and number)  Quail Run Assistant Living  4b. City, Town, or Location of Dec	e e	4c. County of Death Baltimore						
H	Funeral Director		5. Social Security Number 213-01-0445  6. Sex 1 Months 1 Months 1 Months 1 Days 1 Under 1 Year 1 Under 24 H 1 Months 1 Days 1 Under 1 Year 1 Wonths 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minutes 1 Minute		nplace (State or Foreign						
o de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de l	ss 1 and 2 should be titled within 72 hours after death with the Maryland of Heatth and Mentel Hygiene. Of Heatth and Mentel Hygiene. If Item 21s and reserve other than "natural", or items 23s or 28s-f show rother traumatic event, it a Medical Examinar must be notified at	tor	Usual Residence of Decedent  10a. State			10d. Inside City Limits 1 ☐ Yes 2 🛣 No					
10000		ai Direc	10e. Street and Number 9900 Walther Blvd 21234	100	g. Citizen of What Co USA	untry?					
2-003b		by Funeral Director	11. Marital Slatus  1 Never Married 2 Married  1 Never Married 2 Married  3 Wildowed 4 Divorced  12. Was Decedent Ever in U.S. Armed Forcas?  1 Yes, 2 No 1 Yes, Give Year or Dates:  13. Was Decedent of Hispanic Origin? If Yes, specify Cuban, Mexican, Pus 1 Yes, Sive Year or Dates:	Specify Yes or No- irto Rican, etc.)	14. Race - Ame Black, White Specify:						
7-CIZIZ		Completed	15. Decedent's Education (Specify only highest grade completed)  Elementary/Secondary (0-12)  10    16a. Decedent's Usual Occupation (Give kind of work done during most of work done during most of work done during most of work done during most of work done during most of work done during most of work done during most of work done during most of work done during most of work done during most of work done during most of work done during most of work done during most of work done during most of work done during most of work done during most of work done during most of work done during most of work done during most of work done during most of work done during most of work done during most of work done during most of work done during most of work done during most of work done during most of work done during most of work done during most of work done during most of work done during most of work done during most of work done during most of work done during most of work done during most of work done during most of work done during most of work done during most of work done during most of work done during most of work done during most of work done during most of work done during most of work done during most of work done during most of work done during most of work done during most of work done during most of work done during most of work done during most of work done during most of work done during most of work done during most of work done during most of work done during most of work done during most of work done during most of work done during most of work done during most of work done during most of work done during most of work done during most of work done during most of work done during most of work done during most of work done during most of work done during most of work done during most of work done during most of work done during most of work done during most of work done during most of work done during most of work done during most of work done during most of work done during most of work done during most of	orking	6b. Kind of Business/ Hecht Co						
land		To Be C		ame (First, Middle, Ma UNKNOV							
, Mary			19a. Informant's Name/Relationship (Type, Print)  William L. McColligan-nechew  19b. Mailing Address (Street and Number or 13419 North Trail								
			20a. Method of Disposition  1 🖫 Buriai 2 □ Cremation 3 □ Removal from State  4 □ Donation 5 □ Other (Specify)		Dc. Location - City or Parkvile	own, State ,Maryland					
Dall	Department Important: If any injury or once.		Condial Large fusion 8 parkville, MD 1272		R-PARKVILI	REMATION E					
	hysician /Medical xaminer	r	23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  Immediate Cause (Final disease or condition resulting in death)  Approximate Interval Between Onset and Death  Onset and Death  Approximate Interval Between Onset and Death  Onset and Death  Sequentially list conditions.								
ficate be executed	To the propriate of Attending Priystonen: The taw requires that the death certaincate be executed within 24 hours effer death.  To the Funeral Director. After this certificate has been signed by the ettending physicien and completely filled in by the funeral director, page 2 should be detached for use as the burial-transit.	Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  b. Due to (or as a consequence of):  ANEMIA  Due to (or as a consequence of):  LAYPER TEASION:								
		Physician/Me	IF FEMALE:   23b. Was decedent pregnant in the past 12 months?   1 □ two birth 2 □ Fetal death   3 □ Ectopic pregnancy   1 □ two birth 2 □ Fetal death   5 □ Other (specify)   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Unknown   9 □ Un	23d. Date of deli Month	very Day Year						
rds, r		þ	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  OSTEONUR ROSIS	cco use contribute to							
al necor		Completed		24a. Was an autopsy performe	prior to o death?	opsy findings available ompletion of cause of					
OIN OI VIC		tion; To Be	examiner?	of 28c. Injury at Work? 28d. Describe how injury occurred							
		Certification:	3 Suicide 6 Could not be determined 28e. Place of Injury - Al home, farm, street, factory, office building, etc. (Specify)	28f. Location (Stre City or Town,	et and Number or Ru State)	ral Route Number,					
H e 4		Medical	29a. Certifier (Check only one)  1 Certifying Physicien: To the best of my knowledge, death occurred at the time, date and plant of my death occurred at the time, date and plant occurred at the time, date and plant occurred at the time, date and plant occurred at the time, date and plant occurred at the time, date and plant occurred at the time, date and plant occurred at the time, date and plant occurred at the time, date and plant occurred at the time, date and plant occurred at the time, date and plant occurred at the time, date and plant occurred at the time, date and plant occurred at the time, date and plant occurred at the time, date and plant occurred at the time, date and plant occurred at the time, date and plant occurred at the time, date and plant occurred at the time, date and plant occurred at the time, date and plant occurred at the time, date and plant occurred at the time, date and plant occurred at the time, date and plant occurred at the time, date and plant occurred at the time, date and plant occurred at the time, date and plant occurred at the time, date and plant occurred at the time, date and plant occurred at the time, date and plant occurred at the time, date and plant occurred at the time, date and plant occurred at the time, date and plant occurred at the time, date and plant occurred at the time, date and plant occurred at the time, date and plant occurred at the time, date and plant occurred at the time, date and plant occurred at the time, date and plant occurred at the time, date and plant occurred at the time, date and plant occurred at the time, date and plant occurred at the time, date and plant occurred at the time, date and plant occurred at the time, date and plant occurred at the time, date and plant occurred at the time, date and plant occurred at the time, date and plant occurred at the time, date and plant occurred at the time, date and plant occurred at the time, date and the time, date and the time at the time, date and the time, date and the time, date and the time a	curred at the time, date	e and place, and due	to the cause(s)					
Ē		2	29b. Signature and tille of certifier  29c. License number  29c. License number  29c. License number  29c. License number	10	1. Date signed (Month) $2/2/0$	, Day, Year)					
	2		30. Name and address of person who completed cause of death (Item 23a) (Type, Print)  WORD MAY C JULIE 2 MAYKOF Place  31. Date filed (Month, Day, Year)  322-Registrar's Signature	Dun	Stalk M	2/222					
	Sta Registr		31. Date filed (Month, Day, Year)  32. Registrar's Signature								

# Please Type or Print in Black Indelible Ink. Ensure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygieneo Co.

			1 - State of Maryland /	Certificate of Death	al Hygiene 2006	311,77
	Physici	an	Decedent's Name (First, Middle, Last)	→ ® Mc	te of Death	3. Time of Death
	/Medic	al	LSSUIG LSSIE AND		tember 29, 2006	11:30 AM
1	Examin	er	4a. Facility Name (If not institution, give street and number)  Future Care, Irving ton	Bad: Himone	W/A	
	Funeral		5. Social Security Number 6. Sex 7. Age (In yrs. last b			place (State or Foreign
	Director		Usual Residence of Decedent	Yrs. Ap	nil 5, 1915	"GA
	yland			wn or Location	1	Od. Inside City Limits
	e Maria	Director	MD N/A Ba	Himore		1  Yes 2 No
	with th	Dire	10e. Street and Number	10f. Zip Code	10g. Citizen of What Cour	ntry?
	ns 23	Funeral	28/6 Mosher Street  11. Marital Status  12. Was Decedent Ever in U.S.	21216  13. Was Decedent of Hispanic Origin? (Specify You	es or No- 14. Race - Americ	can Indian,
36	rid. Pages 1 and 2 should be filed within 72 hours after death with the Maryland artment of Health and Mental Hyglene. ortant: if item 27 is marked other than "natural", or itams 23a or 28a-f show injury or other traumatic event, the Medical Exacting must be published at a			13. Was Decedent of Hispanic Origin? (Specify Yolf Yes, specify Cuban, Mexican, Puerto Rican, 1 ☐ Yes 2 ☐ No Specify:	etc.) Black, White,	etc.
5-0036	2 hour	Completed by	3 Widowed 4 Provoced Year or Dates:  15. Decedent's Education 16	a. Decedent's Usual Occupation	16b. Kind of Business/In	dustry
2	thin 73	npie	(Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4or 5+)	(Give kind of work done during most of working life. DO NOT use retired)		- n
121	filed wi Hygien ther th			Nursing Aide	HOS	Ditay
and	id be fental h	To Be	NA 50	Nelle Nelle	-	
Maryland	2 shou and M is mar	-		b. Mailing Address (Street and Number or Rural Route		Code)
	and 2 lealth of m 27 i			28/6 mosher St.		
Jore	ges 1 it of He if iter or oth		t Trought 2 Comption 2 December State   comet	of Disposition (Name of ery, crematory or other place)	20c. Location - City or To	
Baltimore	permit. Page Department of Important: If any injury or once		*4 □ Donation 5 □ Other (Specify)  21. Signature of Funeral Service Moensee	outus Mem PK October5,	ANSUTUS,	MD
ñ	permit. Depart Import any inj		<b>&gt;</b>	22. Name and Address of Facility 17971 1. Close Fun 5126 Belown Ro	ad, Baltimone	MD ZIZOG
	Physician /Medical Examiner		23a. Part1. Enter the disease, or complications that caused the death. Do shock, or heart lailure. List only one cause on each line.	not enter the mode of dying, such as cardiac or respi	iratory arrest,	Approximate Interval Between Onset and Death
				TIVE WEART FAIL	URE	MONTUS
		,	Due to (or as a consequence	· ·	ASCULAN DUENS	VEARS
		ner		1 SCOLING TO E 1133	720103	
	be executed sician and burial-transit	Examiner	cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  Due to (or as a consequence	a of):		
68760,	icate be ex physician s the buria			5 O) j.		
_	tificate ng physi as the	ledicai				
Вох	ath cer ttendir or use	lan/N	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 23c. If yes, outcome of pregnancy 1 ☐ Live birth 2 ☐ Fetal dea		23d. Date of delive Month	ery Day Year
P.O. I	The law requires that the death certificate be executed ate has been signed by the attending physician and page 2 should be detached for use as the burial-transit	Physician/	1 ☐ Yes 2 ☑ No 4 ☐ Pregnant at time of death 9 ☐ Unknown	5 ☐ Other (specify)		Day Tour
	s that ned by e deta	by Ph		in the underlying cause given in Part I.	3e. Did tobacco use contribute to the	he cause of death?
ords	w require been sig should b	ted t			1 Yes 21 No 3 Prob	pably 4 Unknown
Records,	The law rate has be page 2 sh	Completed		24	autopsy prior to co	psy findings available impletion of cause of
alF	ician: Thi certificate rector, pag					2□ No
f Vital	S 0 70	To Be	examiner?  Hospital: 1 Inpatient 2 ER/C	26. Place of Death (Checoupatient 3 DOA Cther: 4 Nursing Home 5	CK only one)  Residence 6 Other (Specification of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of t	iy)
n of	ding Ph. h. After thi funeral			Time of 28c. Injury at 28d. Di Work?	escribe how injury occurred	
Division	To the Hospital or Attending within 24 hours after death.  To the Funeral Director: Atter completely filled in by the fune.	icati	2 Accident investigation 3 Suicide 6 Could not be 28e. Place of Injury - At home,	M 1 Yes 2 No	cation (Street and Number or Rura	al Pouto Number
Di∨		Certification;	4 Homicide determined building, etc. (Specify)	ty or Town, State)		
		ledical (	29a. Certifier (Check only (Check only a December 2 Medical Examiner: On the basis of examination a december 2 Medical Examiner: On the basis of examination a december 2 Medical Examiner: On the basis of examination and the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the se	ge, death occurred at the time, date and place, and du and/or investigation, in my opinion, death occurred at the	e to the cause(s) and manner as s he time, date and place, and due to	tated. o the cause(s)
	o the omple	Med	and manner stated.  29b. Signature and Itale of certifier			
			1/2 Vasanthakumn	- D42510	OCT. 2"	, 200G
	10	1 1	30. Name and address of person who completed cause of death (Item 23a	) (Type, Print)	00 4472	2
	<b>V</b> Sta	ate.	31. Date filed (Month, Day, Year) 32. Registrar's Signature	29c. License number  DY 2510  (Type, Print)  516 N ROWNG	My, MDZI	224
	Regist		OCT 0 3 2006 Seems &	Gerle		

Please Type or Print in Black Indelible Ink. Ensure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 2006 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Menth **Physician** Rubv Beard 2006 8:45a /Medical 4c. County of Death 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death Examiner 3224 Meadow Valley Drive Abingdon Harford If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Months 1 ☐ M 2 **K** F 219-50-4797 Director 59 Md. Usual Residence of Decedent the Maryland 10a, State 10b. County 10c. City. Town or Location 10d. Inside City Limits Pages 1 and 2 should be filed within 72 hours after death with the Marylan ment of Health and Mental Hygione.
ant: If team 27 le marked other then "netural; or Iteme 23a or 28a-f e-how ury or other traumatic event, Ita Madical Examinat must be notified at 1 √Yes 2 □ No Director Md. Harford Abinadon 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? filed within 72 hours after death with t Hygiene. sther then "netural", or Iteme 23a or 2 3224 Meadow Valley Drive 21009 USA Funeral 12. Was Decedent Ever in U.S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian 1 Yes 2 No If Yes, Give Year or Dates: 1 ☐ Never Married 2 → Marned Baltimore, Maryland 21215-0036 1 ☐ Yes 2 ☐ No Specify Specify: Black þ 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Statistician 12th grade Martin Marrietta 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be John C. Lindsay Zelma 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) James Larry Beard 3224 Meadow Valley Dr., Abingdon, Md. Husband 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ⊠ Burial 2 ☐ Cremation 3 ☐ R 4 ☑ Donation 5 ☐ Other (Specify) 2 Cremation 3 Removal from State permit. Page Depertment of Importent: If eny Injury or once. Timonium, Md. Dulaney Valley Mem Pk 10-2-06 gnature of Funeral Service Licensee 22. Name and Address of Facility March F.H. East 1100 E. North Ave., Baltimore, Md. 21201 Approximate Interval Between Onset and Death Years Part / Enter the disease, or complications that caused the teath. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Immediate Cause (Final disease or condition resulting in death) Non-Small Cell Lung Cancer **Physician** /Medical Due to (or as a consequence of): Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Physician/Medical Examiner Due to (of as a consequence of) Hospital or Attending Physician: The law requires that the death certificate be executed ettending physicien and for use as the burial-transit Due to (or as a consequence of). Division of Vital Records, P.O. Box 68760, IF FEMALE: 23c. If yes, outcome of pregnancy 1 ☐ Live birth 2 ☐ Fetal death 23d. Date of delivery 23b. Was decedent pregnant 3 Ectopic pregnancy in the past 12 months? Month 4☐Pregnant at time of death 5 Other (specify) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? δ 14 Yes 2 No 3 Probably 4 □Unknown Be Completed 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death?

1 ☐ Yes 2 ☐ No 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Hospital: 1 Inpatient Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 No ٩ 2 ER/Outpatient 3 DOA this 27. Manner of Death 28c. Injury at Work? 28b. Time of 28d. Describe how injury occurred Certification: 1 Natural 5 Pending death. 1 Yes 2 No 2 Accident investigation Director: / 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide pellif 24 hours a Certifying Physiciae; To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Medical Examiner on the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical (Check one) Madical Exe within 2 To the I 29b. Signature ar 29c. License number 29d. Date signed (Month, Day, Year) 2 D55065 September 27, 2006 o completed cause of death (Item 23a) (Type, Print) Martin . Ecelman, M.D. Greene St. N9E08 Baltimore MD 21201 31. Date filed (Month, Day, Year) 2. Registrar's Signature OCT 0 3 2006 TORNE Registrar

State of Maryland / Department of Health and Mental Hygiene 2005 31179

FORTION OF THE PARTY NAME OF THE CONTROL OF THE PARTY NAME OF THE CONTROL OF THE PARTY NAME OF THE CONTROL OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY NAME OF THE PARTY				1 - For State Registrar	olalo ol maryla		ate of Death	Reg		3111		
Examinary  The Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of the Proposition of th		Physic	ian	11 . 1	1	2 -	•	2. Date of Death Month		3. Time of Death		
POTO 51 TO BE AND AND THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROP				Critical				BEPT.	27 2006	9:02 AM		
Description of processors    Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   D		Exami	ner	4a. Facility Name (If not institution, gi	rive street and number)	46. Cit	y, Town, or Location of Dea	th care	4c. County of Death	18		
Description of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of	Ī			5. Social Security Number 6. 220 - 94 - 8102		Month		. (Month, Day, Y	ear) 9. Birthe Cour	place (State or Foreign ntry) aryland		
Elementary(Secondary (D-12)   College (1-do-14)      Faller's Name (Free, Middle, Last)		and *			10c. 0	City. Town or Location		0 1		10d Inside City Limits		
Elementary/Secondary (Dr. 2)   College (1-for 5x)		Ba-f eho	octor	mdi 1	NA	Balt	imore			1 DYes 2 No		
Sementary/Secondary (0.12)   Chiego (1-dor's to )   Chiego (1-dor's to )   Chiego (1-dor's to )   Chiego (1-dor's to )   Chiego (1-dor's to )   Chiego (1-dor's to )   Chiego (1-dor's to )   Chiego (1-dor's to )   Chiego (1-dor's to )   Chiego (1-dor's to )   Chiego (1-dor's to )   Chiego (1-dor's to )   Chiego (1-dor's to )   Chiego (1-dor's to )   Chiego (1-dor's to )   Chiego (1-dor's to )   Chiego (1-dor's to )   Chiego (1-dor's to )   Chiego (1-dor's to )   Chiego (1-dor's to )   Chiego (1-dor's to )   Chiego (1-dor's to )   Chiego (1-dor's to )   Chiego (1-dor's to )   Chiego (1-dor's to )   Chiego (1-dor's to )   Chiego (1-dor's to )   Chiego (1-dor's to )   Chiego (1-dor's to )   Chiego (1-dor's to )   Chiego (1-dor's to )   Chiego (1-dor's to )   Chiego (1-dor's to )   Chiego (1-dor's to )   Chiego (1-dor's to )   Chiego (1-dor's to )   Chiego (1-dor's to )   Chiego (1-dor's to )   Chiego (1-dor's to )   Chiego (1-dor's to )   Chiego (1-dor's to )   Chiego (1-dor's to )   Chiego (1-dor's to )   Chiego (1-dor's to )   Chiego (1-dor's to )   Chiego (1-dor's to )   Chiego (1-dor's to )   Chiego (1-dor's to )   Chiego (1-dor's to )   Chiego (1-dor's to )   Chiego (1-dor's to )   Chiego (1-dor's to )   Chiego (1-dor's to )   Chiego (1-dor's to )   Chiego (1-dor's to )   Chiego (1-dor's to )   Chiego (1-dor's to )   Chiego (1-dor's to )   Chiego (1-dor's to )   Chiego (1-dor's to )   Chiego (1-dor's to )   Chiego (1-dor's to )   Chiego (1-dor's to )   Chiego (1-dor's to )   Chiego (1-dor's to )   Chiego (1-dor's to )   Chiego (1-dor's to )   Chiego (1-dor's to )   Chiego (1-dor's to )   Chiego (1-dor's to )   Chiego (1-dor's to )   Chiego (1-dor's to )   Chiego (1-dor's to )   Chiego (1-dor's to )   Chiego (1-dor's to )   Chiego (1-dor's to )   Chiego (1-dor's to )   Chiego (1-dor's to )   Chiego (1-dor's to )   Chiego (1-dor's to )   Chiego (1-dor's to )   Chiego (1-dor's to )   Chiego (1-dor's to )   Chiego (1-dor's to )   Chiego (1-dor's to )   Chiego (1-dor's to )   Chiego (1-dor's to )   Chiego (1-dor'		ath with the 23a or 2	rai Dire	3 2-2-8 E	selmont.	Are	21216		. Citizen of What Coul	ntry?		
Elementary/Secondary (Dr. 2)   College (1-for 5x)	900	ours after de rel', or Items Exercirer n	1 by Fune	1 Never Married 2 Married	Armed Forces?  1  Yes 2  No If Yes, Give	If Yes, sp		Specify Yes or No- to Rican, etc.)	Black, White,			
A   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donat	15-0	netu	etec			(Give kind of v	vork done during most of we	orking 16	b. Kind of Business/In	dustry		
A   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donat	212	J withiu jiene. r then	amo dmo	. ) 4	1	III. BONOT	wer Iwa	eh ouse	UPS			
A Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donatio	P	al Hyg		A 11	11) 31		18. Mother's Na	me (First, Middle, Ma.	iden Sumame)	4		
## A Denation S Other (Specify)    A Denator S Other (Specify)   A Denator S Other (Specify)   A Denator S Other (Specify)   A Denator S Other (Specify)   A Denator S Other (Specify)   A Denator S Other (Specify)   A Denator S Other (Specify)   A Denator S Other (Specify)   A Denator S Other (Specify)   A Denator S Other (Specify)   A Denator S Other (Specify)   A Denator S Other (Specify)   A Denator S Other (Specify)   A Denator S Other (Specify)   A Denator S Other (Specify)   A Denator S Other (Specify)   A Denator S Other (Specify)   A Denator S Other (Specify)   A Denator S Other (Specify)   A Denator S Other (Specify)   A Denator S Other (Specify)   A Denator S Other (Specify)   A Denator S Other (Specify)   A Denator S Other (Specify)   A Denator S Other (Specify)   A Denator S Other (Specify)   A Denator S Other (Specify)   A Denator S Other (Specify)   A Denator S Other (Specify)   A Denator S Other (Specify)   A Denator S Other (Specify)   A Denator S Other (Specify)   A Denator S Other (Specify)   A Denator S Other (Specify)   A Denator S Other (Specify)   A Denator S Other (Specify)   A Denator S Other (Specify)   A Denator S Other (Specify)   A Denator S Other (Specify)   A Denator S Other (Specify)   A Denator S Other (Specify)   A Denator S Other (Specify)   A Denator S Other (Specify)   A Denator S Other (Specify)   A Denator S Other (Specify)   A Denator S Other (Specify)   A Denator S Other (Specify)   A Denator S Other (Specify)   A Denator S Other (Specify)   A Denator S Other (Specify)   A Denator S Other (Specify)   A Denator S Other (Specify)   A Denator S Other (Specify)   A Denator S Other (Specify)   A Denator S Other (Specify)   A Denator S Other (Specify)   A Denator S Other (Specify)   A Denator S Other (Specify)   A Denator S Other (Specify)   A Denator S Other (Specify)   A Denator S Other (Specify)   A Denator S Other (Specify)   A Denator S Other (Specify)   A Denator S Other (Specify)   A Denator S Other (Specify)   A Denator S Other (Specify)   A Denator S Other (Specify)   A	yla	ould b Ment Ment mrkec	2	/)			Cha	rrette				
A   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donat	Mar	d 2 sh th and th and 7 le m traum										
A Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donation   Donatio		s 1 an f Heel frem 2 other	į	20a. Method of Disposition	20b.	Place of Disposition (N	ame of					
Pinyeician / Medical Examinor  Page 17	ш	Page ment o ant: If ury or				~ /	emetery 10-	3-06 A	tendalk	i, md.		
Physician (Modical Examinor)  Physician (Modical Examinor)  Physician (Modical Examinor)  Physician (Modical Examinor)  Physician (Modical Examinor)  Physician (Modical Examinor)  Physician (Modical Examinor)  Physician (Modical Examinor)  Physician (Modical Examinor)  Physician (Modical Examinor)  Physician (Modical Examinor)  Physician (Modical Examinor)  Physician (Modical Examinor)  Physician (Modical Examinor)  Physician (Modical Examinor)  Physician (Modical Examinor)  Physician (Modical Examinor)  Physician (Modical Examinor)  Physician (Modical Examinor)  Physician (Modical Examinor)  Physician (Modical Examinor)  Physician (Modical Examinor)  Physician (Modical Examinor)  Physician (Modical Examinor)  Physician (Modical Examinor)  Physician (Modical Examinor)  Physician (Modical Examinor)  Physician (Modical Examinor)  Physician (Modical Examinor)  Physician (Modical Examinor)  Physician (Modical Examinor)  Physician (Modical Examinor)  Physician (Modical Examinor)  Physician (Modical Examinor)  Physician (Modical Examinor)  Physician (Modical Examinor)  Physician (Modical Examinor)  Physician (Modical Examinor)  Physician (Modical Examinor)  Physician (Modical Examinor)  Physician (Modical Examinor)  Physician (Modical Examinor)  Physician (Modical Examinor)  Physician (Modical Examinor)  Physician (Modical Examinor)  Physician (Modical Examinor)  Physician (Modical Examinor)  Physician (Modical Examinor)  Physician (Modical Examinor)  Physician (Modical Examinor)  Physician (Modical Examinor)  Physician (Modical Examinor)  Physician (Modical Examinor)  Physician (Modical Examinor)  Physician (Modical Examinor)  Physician (Modical Examinor)  Physician (Modical Examinor)  Physician (Modical Examinor)  Physician (Modical Examinor)  Physician (Modical Examinor)  Physician (Modical Examinor)  Physician (Modical Examinor)  Physician (Modical Examinor)  Physician (Modical Examinor)  Physician (Modical Examinor)  Physician (Modical Examinor)  Physician (Modical Examinor)  Physician (Modical Examinor)  Physic	Balt	Dependit. Dependit Import eny Inj		21. Signature of Pune al Service Lice	ensite	22 Name :	and Address of Facility	-70 Fred	0 - 1 = 0	to, mt 2122		
Sequentially list conditions.  Sequentially list conditions.  Sequentially list conditions.  Sequentially list conditions.  Sequentially list conditions.  Sequentially list conditions.  Sequentially list conditions.  Sequentially list conditions.  Sequentially list conditions.  Sequentially list conditions.  Sequentially list conditions.  Sequentially list conditions.  Sequentially list conditions.  Sequentially list conditions.  Sequentially list conditions.  Sequentially list conditions.  Sequentially list conditions.  Sequentially list conditions.  Sequentially list conditions.  Sequentially list conditions.  Sequentially list conditions.  Sequentially list conditions.  Sequentially list conditions.  Sequentially list conditions.  Sequentially list conditions.  Sequentially list conditions.  Sequentially list conditions.  Sequentially list conditions.  Sequentially list conditions.  Sequentially list conditions.  Sequentially list conditions.  Sequentially list conditions.  Sequentially list conditions.  Sequentially list conditions.  Sequentially list conditions.  Sequentially list conditions.  Sequentially list conditions.  Sequentially list conditions.  Sequentially list conditions.  Sequentially list conditions.  Sequentially list conditions.  Sequentially list conditions.  Sequentially list conditions.  Sequentially list conditions.  Sequentially list conditions.  Sequentially list conditions.  Sequentially list conditions.  Sequentially list conditions.  Sequentially list conditions.  Sequentially list conditions.  Sequentially list conditions.  Sequentially list conditions.  Sequentially list conditions.  Sequentially list conditions.  Sequentially list conditions.  Sequentially list conditions.  Sequentially list conditions.  Sequentially list conditions.  Sequentially list conditions.  Sequentially list conditions.  Sequentially list conditions.  Sequentially list conditions.  Sequentially list conditions.  Sequentially list conditions.  Sequentially list conditions.  Sequentially list conditions.				Immediate/Cause (Final disease or condition	mplications that caused the de y one cause on each line.	ath. Do not enter the me	de of dying, such as cardia	c or respiratory arrest		Approximate Interval Between		
The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s				Due to (or as a consequence of):  Ochle Cell Crisis								
Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Sect	7.8.	cuted nd iransit	amlner	that initiated events	Sickle	ell t	rait		- 8	26 grs.		
FFEMALE:   23d. Date of delivery   23d. Date of delivery   23d. Date of delivery   23d. Date of delivery   23d. Date of delivery   23d. Date of delivery   23d. Date of delivery   23d. Date of delivery   23d. Date of delivery   23d. Date of delivery   23d. Date of delivery   23d. Date of delivery   23d. Date of delivery   23d. Date of delivery   23d. Date of delivery   23d. Date of delivery   23d. Date of delivery   23d. Date of delivery   23d. Date of delivery   23d. Date of delivery   23d. Date of delivery   23d. Date of delivery   23d. Date of delivery   23d. Date of delivery   23d. Date of delivery   23d. Date of delivery   23d. Date of delivery   23d. Date of delivery   23d. Date of delivery   23d. Date of delivery   23d. Date of delivery   23d. Date of delivery   23d. Date of delivery   23d. Date of delivery   23d. Date of delivery   23d. Date of delivery   23d. Date of delivery   23d. Date of delivery   23d. Date of delivery   23d. Date of delivery   23d. Date of delivery   23d. Date of delivery   23d. Date of delivery   23d. Date of delivery   23d. Date of delivery   23d. Date of delivery   23d. Date of delivery   23d. Date of delivery   23d. Date of delivery   23d. Date of delivery   23d. Date of delivery   23d. Date of delivery   23d. Date of delivery   23d. Date of delivery   23d. Date of delivery   23d. Date of delivery   23d. Date of delivery   23d. Date of delivery   23d. Date of delivery   23d. Date of delivery   23d. Date of delivery   23d. Date of delivery   23d. Date of delivery   23d. Date of delivery   23d. Date of delivery   23d. Date of delivery   23d. Date of delivery   23d. Date of delivery   23d. Date of delivery   23d. Date of delivery   23d. Date of delivery   23d. Date of delivery   23d. Date of delivery   23d. Date of delivery   23d. Date of delivery   23d. Date of delivery   23d. Date of delivery   23d. Date of delivery   23d. Date of delivery   23d. Date of delivery   23d. Date of delivery   23d. Date of delivery   23d. Date of delivery   23d. Date of delivery   23d. Date of deli	8760	ate be exe hysicien a the burial-		resuning in death) Last	Due to (or as a conse	equence of):						
So to be stated to the cause of death?    1	. Box	death certif e attending d for use as		23b. Was decedent pregnant in the past 12 months? 1 □ Yes 2 □ No	1 ☐ Live birth 2 ☐ Fe 4 ☐ Pregnant at time of	tal death 3 Ectopic				,		
24a. Was an autopsy findings available prior to completion of cause of death of the completion of cause of death of the completion of cause of death of the completion of cause of death of the completion of cause of death of the completion of cause of death of the completion of cause of death of the completion of cause of death of the completion of cause of death of the completion of cause of death of the completion of cause of death of the completion of cause of death of the completion of cause of death of the completion of cause of death of the completion of cause of death of the completion of cause of death of the completion of cause of death of the completion of cause of death of the completion of cause of death of the completion of cause of death of the completion of cause of death of the completion of cause of death of the completion of cause of death of the completion of cause of death of the completion of cause of death of the completion of cause of death of the completion of cause of death of the completion of cause of death of the completion of cause of death of the completion of cause of death of the completion of cause of death of the completion of cause of death of the completion of cause of death of the completion of cause of death of the completion of cause of death of the completion of cause of death of the completion of cause of death of the completion of cause of death of the completion of cause of death of the completion of cause of death of the completion of cause of death of the completion of cause of death of the completion of cause of death of the completion of cause of death of the completion of cause of death of the completion of cause of death of the completion of cause of death of the completion of cause of death of the completion of cause of death of the completion of cause of death of the completion of the completion of cause of death of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the	1 -	signed by d pe deta	þ	Part II. Other significant conditions	contributing to death but not re	esulting in the underlying	cause given in Part I.					
25. Was case referred to medical examiner?    25. Was case referred to medical examiner?   26. Place of Death (Check only one)	Recor	aw req as beer 2 shou	mplete					24a. Was an autopsy	24b. Were auto	ppsy findings available		
Solution of the determined solution of the determined solution of the determined solution of the determined solution of the determined solution of the determined solution of the determined solution of the determined solution of the determined solution of the determined solution of the determined solution of the determined solution of the determined solution of the determined solution of the determined solution of the determined solution of the determined solution of the determined solution of the determined solution of the determined solution of the determined solution of the determined solution of the determined solution of the determined solution of the determined solution of the determined solution of the determined solution of the determined solution of the determined solution of the determined solution of the determined solution of the determined solution of the determined solution of the determined solution of the determined solution of the determined solution of the determined solution of the determined solution of the determined solution of the determined solution of the determined solution of the determined solution of the determined solution of the determined solution of the determined solution of the determined solution of the determined solution of the determined solution of the determined solution of the determined solution of the determined solution of the determined solution of the determined solution of the determined solution of the determined solution of the determined solution of the determined solution of the determined solution of the determined solution of the determined solution of the determined solution of the determined solution of the determined solution of the determined solution of the determined solution of the determined solution of the determined solution of the determined solution of the determined solution of the determined solution of the determined solution of the determined solution of the determined solution of the determined solution of the determined solution of the deter	ta C	an: Ti tificate tor, pa		25. Was case referred to medical			26 Place of Do	12 Yes 2	No 1 2 Yes	2 □ No		
Accident 3 Suicide 4 Homicide 28e. Place of Injury - At home, farm, street, factory, office 28f. Location (Street and Number or Rural Route Number, City or Town, State)  29a. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.  29b. Signature and title of certifier 29c. License number 29c. License number 29d. Date signed (Month, Day, Year)  30. Name and address of person who completed cause of death (Item 23a) (Type, Print)  3   Accident 3   Suicide 4   Homicide 3   Stuicide 4   Homicide 4   Homicide 4   Homicide 5   Suicide 6   Could not be determined 5   September 2   Suicide 6   Could not be determined 5   September 2   Suicide 6   Could not be determined 5   September 2   Suicide 6   Could not be determined 6   Could not be determined 6   Could not be determined 6   Could not be determined 8   September 2   September 2   September 2   September 2   September 2   September 2   September 2   September 2   September 2   September 2   September 2   September 2   September 2   September 2   September 2   September 2   September 2   September 2   September 2   September 2   September 2   September 2   September 2   September 2   September 2   September 2   September 3   September 3   September 3   September 3   September 3   September 3   September 3   September 3   September 3   September 3   September 3   September 3   September 3   September 3   September 3   September 3   September 3   September 3   September 3   September 3   September 3   September 3   September 3   September 3   September 3   September 3   September 3   September 3   September 3   September 3   September 3   September 3   September 3   September 3   September 3   September 3   September 3   September 3   September 3   September 3   September 3   September 3   September 3   September 3   September 3   September 3   September 3   September 3   September 3   September 3   September 3   September 3   September 3   September 3		nysicia nis cer direct		examiner?	Hospital: 1 Inpatient 2	☐ ER/Outpatient 3☐ [	0+		e 6 ☐Other (Specif	(v)		
3   Suicide 4   Homicide   28e. Place of Injury - At home, farm, street, factory, office   28f. Location (Street and Number or Rural Route Number, City or Town, State)   29a. Certifier (Check only one)   29m. Certifier (Check only one)   29m. Certifier (Check only one)   29m. Certifier (Check only one)   29m. Certifier (Check only one)   29m. Certifier (Check only one)   29m. Certifier (Check only one)   29m. Certifier (Check only one)   29m. Certifier (Check only one)   29m. Certifier (Check only one)   29m. Certifier (Check only one)   29m. Certifier (Check only one)   29m. Certifier (Check only one)   29m. Certifier (Check only one)   29m. Certifier (Check only one)   29m. Certifier (Check only one)   29m. Certifier (Check only one)   29m. Certifier (Check only one)   29m. Certifier (Check only one)   29m. Certifier (Check only one)   29m. Certifier (Check only one)   29m. Certifier (Check only one)   29m. Certifier (Check only one)   29m. Certifier (Check only one)   29m. Certifier (Check only one)   29m. Certifier (Check only one)   29m. Certifier (Check only one)   29m. Certifier (Check only one)   29m. Certifier (Check only one)   29m. Certifier (Check only one)   29m. Certifier (Check only one)   29m. Certifier (Check only one)   29m. Certifier (Check only one)   29m. Certifier (Check only one)   29m. Certifier (Check only one)   29m. Certifier (Check only one)   29m. Certifier (Check only one)   29m. Certifier (Check only one)   29m. Certifier (Check only one)   29m. Certifier (Check only one)   29m. Certifier (Check only one)   29m. Certifier (Check only one)   29m. Certifier (Check only one)   29m. Certifier (Check only one)   29m. Certifier (Check only one)   29m. Certifier (Check only one)   29m. Certifier (Check only one)   29m. Certifier (Check only one)   29m. Certifier (Check only one)   29m. Certifier (Check only one)   29m. Certifier (Check only one)   29m. Certifier (Check only one)   29m. Certifier (Check only one)   29m. Certifier (Check only one)   29m. Certifier (Check only one)   29m. C		nding Pt ath. r: After the e funeral		1 ☑Natural 5 ☐ Pending			28c. Injury at Work?					
29a. Certifier (Check only one)  29b. Signature and title of certifier  29b. Signature and due to the cause(s) and manner as stated.  29c. License number  29c. License number  29d. Date signed (Month, Day, Year)  30. Name and address of person who completed cause of death (Item 23a) (Type, Print)  10 29c. License number  29c. License number  29d. Date signed (Month, Day, Year)  30. Name and address of person who completed cause of death (Item 23a) (Type, Print)  10 20 4864  30 Name and address of person who completed cause of death (Item 23a) (Type, Print)  10 20 4864  30 Name and address of person who completed cause of death (Item 23a) (Type, Print)  10 20 4864  30 Name and address of person who completed cause of death (Item 23a) (Type, Print)  10 20 4864  30 Name and address of person who completed cause of death (Item 23a) (Type, Print)  10 20 4864  30 Name and address of person who completed cause of death (Item 23a) (Type, Print)  30 Name and address of person who completed cause of death (Item 23a) (Type, Print)	Divis	를 들 를	Certific		d 286. Place of injury - At	home, farm, street, factorify)	ory, office	28f. Location (Stree City or Town, S	it and Number or Rura State)	al Route Number,		
30. Name and address of person who completed cause of death (Item 23a) (Type, Print)  1 KILLIAM I HICKEN, M.D. ST. AGNES HOSPITAL BILTIMORE, M.D.		ne Hospit n 24 hour ne Funera		Check only 2 Medical Exa	iminer: On the basis of exami	nowledge, death occurre nation and/or investigation	d at the time, date and placen, in my opinion, death occ	e, and due to the caus urred at the time, date	e(s) and manner as si and place, and due to	tated. the cause(s)		
		To the within To the comp	×	29b. Signature and title of certifier  Trulleton	2 Welen	20 S	9c. License number	290.	Date signed (Month,	Day, Year)		
		B		1 /	completed cause of death (Ite	em 23a) (Type, Print)	T Apuso A	CONTEN 2	11TILLOOP	117		
		Si	ate		nnc 32 Aegistrar's Sign	hatere Accept	B BONZO	US (THU U	· · · · · · · · · · · · · · · · · · ·	,		

Please Type or Print in Black Indelible Ink. Ensure All Copies Are Legible.

AMEND THE #17819a, perfft, C800, 10/3/00, WS
State of Maryland / Department of Health and Mental Hygiene 2000

		•	For State Registrar		State of Ivi	aiylaii	Ce.	rtificate	of Death	and we		Reg. No.	2006	31181
			1. Decedent's Name (First, M	ddle, Last	')					2	Date of Dea	ith Day	Year	3. Time of Death
	Physici /Medio		Lester		Ver	non		В	radby		09	28	2006	18:32 ^M
	Examin		4a. Facility Name (If not institu	ition, give	street and number,	)		4b. City, T	own, or Location	of Death		4c. C	ounty of Death	
			Union Memor						altimon				N/A	
	Funeral		5. Social Security Number	6. Se	X 7. A9 ZM 2□F		last birthday) Yrs.	If Under 1 Months	Days Hours	Min.	Date of Birt (Month, Day			place (State or Foreign intry)
	Director	-	220-05-5668 Usual Residence of Decedent			93				D_	3 27	13		NJ
	yland 10w		10a. State 10b. Cou			10c. City	, Town or Lo	ocation						10d. Inside City Limits
	the Marylar 28e-f ehow	io	MD N	Α		Bal	timo	ce						XXYes 2□No
	death with the Maryland ms 23a or 28e-f ehow rmust een Alfied at	Director	10e. Street and Number					10f. Zip (	ode			10g. Citize	n of What Cou	intry?
	23a c		3300 Piedmo	nt A	Ve				21216				U.S.	Δ
	items items	Funeral	11. Marital Status		12. Was Decedent Armed Forces	?	S. 13.	Was Decede	nt of Hispanic Or y Cuban, Mexica	rigin? (Specif	y Yes or No-	14	Race - Ameri Black, White	ican Indian,
215-0036	a o	þ	1 ☐ Never Married 2√ 1 3 ☐ Widowed 4 ☐ Divor		1 XYes 2 □ If Yes, Give Year or Dates:			1□Yes 2					pecify:	Black
5-0	72 hours "natural",	Completed	15. Dece (Specify only hi	dent's Edu	ucation de completed)			dent's Usual	Occupation done during mos	st of working			of Business/Ir	
2	within ene. then *	nple	Elementary/Secondary (0-1		College (1-4or	5+)	`life.	DO NOT use	retired)			aper	aeen 1	Proving
2	ygier ygier her th	ပ္ပ	12th grade	<i>"</i> - <i>t</i>	na		Chem	ical	Inspec			Grou		
and	be fill tal H od otl	To Be	17. Father's Name (First, Mide							ier's Name (F		Maiden S	umame)	
ž	2 should be filed withir and Mental Hygiene. ie marked other then eumatic event, the Mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and the mental and	2	Burrell Brac		ina Orint)		10h Maili	ng Address	Lena Street and Numb	a Jone		r Cibrar	Four State 7	in Codal
Maryland			Althea Bradb				Mariana Control	ACCISED N						100000
	s 1 and 2 should I Health and Men item 27 ie marke other treumatic		Althea <del>Stac</del> 20a. Method of Disposition	<b>y-</b> W]	re	20b. P	lace of Dispo	sition (Nam	dmont A	Ve, Date	Balti	20c. Loca	ntion - City or T	own, State
Baltimore,	ages int of t: ff ii		1 Burial 2 Cremati			•	emetery, cre			10/	1 (0.5		erses nan	
ij	nit. P artme orten injuri		21. Signature of Funeral Sen			Gar	risor	1_ F'Or 2. Name and	Address of Facil		4/06_	OW1	ngs Mi	ills, Md
Ba	permit. Pages 1 and Department of Health Importent: If item 27 any injury or other t once.		13/100	10 (	Elmo	1	I.	1arch	Address of Facil F/H We Nabash	est Ave.	Balt	imor	A. Md	21215
	Physician /Medical	)	23a. Part1. Enter the disease shock, or heart failure.	or comp	lications that cause	d-the death							C7 110	Approximate Interval Between
			Immediate Cause (Final disease or condition	LIST OTHY C	7.57 244		NISTUE	/ A	2010VASC	ULAR	7156	415		Onset and Death
			resulting in death)	-	a Due to (or as			- C/11	CVIONISC	. 0: 4/11	2136	112	-	
п	Examiner		Constally list and distance		b									
3	icate be executed physicien and sthe burial-transit	ner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	,	Due to (or as	s a consequ	uence of):							
1/2		Examiner	Cause (Disease or injury that initiated events resulting in death) Last	1	c.  Due to (or as a consequence of):									
50,	be exe		resulting in death, Last		Due to (or as	s a consequ	uence or):							
68760,	(a) (a)	Medical		•	d								-	
		/Me	IF FEMALE:		23c. If yes, outcome	a of pregna	nev					22	d. Date of deliv	
Box	eath cer attendin for use	Physician/	23b. Was decedent pregnant in the past 12 months?		1 ☐ Live birth 4 ☐ Pregnant a	2 Fetal	Ideath 3[	Ectopic pre Other (spe				23	Month	Day Year
P.0.	at the de by the a	ıysl	1 ☐ Yes 2 ☐ No 9 ☐ Unknown		9□ Unknown									
	equires that the een signed by th rould be detache	by Pl	Part II. Other significent con	ditions co	ntributing to death	but not resu	ulting in the u	ınderlying ca	use given in Part	I.	23e. Did to	bacco use	contribute to t	the cause of death?
rds	quires n sig	d b									1 🗆 Y	'es 2 🗌	No 3□Pro	bably 4 Onknown
00	S D S	Completed									24a. Was		24b. Were auto	opsy findings available
Re	The le his	шо									autop perfor 1 Yes	med?	death?	ompletion of cause of
ita	sicien: ] certifical irector, p	Be C	25. Was case referred to me	dical					26. Plac	e of Death (0				20110
f V	S S	ToE	examiner? 1 Yes 2 No		Hospital: 1 ☐ Inpati	ient 2 🔯	ER/Outpatie	nt 3 DO/	Other: 4 N	ursing Home	5 Resid	ence 6	Other (Speci	ly)
0			27. Manner of Death 1 ☑Natural 5 ☐ Pe	o din a	28a. Date of Inj (Month, Da	ury ay Year)	28b. Time o	of 28	c. Injury at Work?	280	d. Describe h	ow injury	occurred	
0	Attending r death. ector: After by the fune	atle	2 Accident inv	estigation				М	1 Tes 2	] No				
Division of Vital Records,	or Att ter de irect n by t	Certification:		uld not be ermined	28e. Place of In	njury - At ho itc. <i>(Specif</i> y	ome, farm, st	reet, factory,	office	281	Location (S City or Tow		Number or Run	al Route Number,
Ω	oitai c urs af rrai D													
	To the Hospital or Attendi within 24 hours after death. To the Funeral Director: A completely filled in by the fu	Medical			rsician: To the best iner: On the basis of and manners	of examinat								
		ž	29b. Signature and title of ce	tifier				29c.	License number		:		signed (Month,	
			) Un	~	) D			D	005910	7		09	-29-2	_006
	mx1		30. Name and address of per	son who c	ompleted cause of	death (Item	1 23a) (Type,	Print)						
	7				210 Bus	NESS	CENT	ER DR	LIVE R	, हार्भ हा	25700	N I	mo 21	136
	Sta		31. Date filed (Month, Day, Y		32. Pegist	trar's Signa	ture	carli)						
1	Regist	ar	OCT O	3 ZU	UD A CALL	Robert A	C. July	A STATE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PAR						

Please Type or Print in Black Indelible Ink. Ensure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 2.0.0.6

		1	For State Registrar	State of Ma	iryland / Depa <i>Cei</i>	tificate of L	eaith and M Death		ig. No.	06 31181
		198	Decedent's Name (First, Middle, Last	")				2. Date of Death Month		3. Time of Death
	Physicia Medic/	al .	Willie			Barne		Month 09		006 3:45a.M
3	Examin	er	4a. Facility Name (If not institution, give				Location of Death		4c. County of	timore
	Funeral		Future Care Nu 5. Social Security Number 6. Se		ome (In yrs. last birthday)	If Under 1 Year	If Under 24 Hrs.	8. Date of Birth		Birthplace (State or Foreign Country)
	Director		243-16-1241	⊐м <b>Ж</b> ДҒ	94 Yrs.	Months Days	Hours Min.	10 11	11	SC
	and I		Usual Residence of Decedent  10a. State 10b. County		10c. City, Town or Lo	cation				10d. Inside City Limits
	Maryi	to	MD Baltin	nore	Randal	lstown				1 ☐ Yes 2 XNo
	th the	Director	10e. Street and Number			10f. Zip Code		10	0g. Citizen of Wh	at Country?
	ath wi	rai	5412 Old Court			211		ocifu Ves or No-	U.S.	American Indian,
36	ges 1 and 2 should be tiled within 72 hours after death with the Maryland it of Health and Mental Hygiene. If item 27 is marked other than "natural", or items 23s or 28s-f show or other traumatic event, Its Medical Event are must be notified at	by Funeral	11. Marital Status  1 □ Never Married 2 □ Married  3 ☒ Widowed 4 □ Divorced	12. Was Decedent I Armed Forces? 1 ☐ Yes 2 ☑ If Yes, Give Year or Dates:	No 13.	If Yes, specify Cuba	ispanic Origin? (Spe in, Mexican, Puerto Specify:	Rican, etc.)		White, etc. Black
Maryland 21215-0036	72 hou	ted	15. Decedent's Ed (Specify only highest gra-	ucation de completed)	16a. Dece	dent's Usual Occupa	ation during most of works	ing	16b. Kind of Busi	iness/Industry
121	within 7 ene. than "r	Completed	Elementary/Secondary (0-12)	College (1-4or 5	+)	DO NOT use retired mestic	during most of worki		Priv	ate
d 2	tiled withi Hygiene. other than		11th grade  17. Father's Name (First, Middle, Last)	na	1 50	Meserc	18. Mother's Name	e (First, Middle, A		
lan	Aental rked o	To Be	Pringle Acker				Eliza E	3lue		
lary	2 should and Men is marke aumatic		19a. Informant's Name/Relationship (7			_	and Number or Rura			
e,	1 and 1ealth em 27 ther tr		Donald Parks-So	on	20b. Place of Dispo	sition (Name of				ity or Town, State
nor	Pages nent of H		1 ☐ Burial 2 【② Cremation 3 ☐  `4 ☐ Qonation 5 ☐ Other (Specify	Removal from State	cemetery, crei	matory or other plac		102/06	Balti:	more, Md
Baltimore,	그런단증	ı	21. Signature of Funeral Service Licen		22	2. Name and Address larch F/	ss of Facility	1/05/00	Darci	more, in
œ .	Depariment impo	111	pun	- 12. X	et 1	1300 Wab	ash Ave.	Balti	more,	
п			23a. Part . Enter the disease, or company, or heart failure. List only	olications that caused one cause on each li						Approximate Interval Between Onset and Death
	Pnysician /Medical	W. J	Immediate Cause (Final disease or condition resulting in death)	a. Due to (or as	hero scher	etic car	du Vasui	lac Di	Scare	years
M	Examiner			b 000 to (01 000	TreeTL Di	abeter	melli	tus		years
	P #	Iner	S- uentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	Due to (u. as	a go sequence of):					
B.	be executed sician and burial-transit	Examiner	that initiated events resulting in death) Last	cDue to (or as	a consequence of):					
68760,	ficate be executed physician and is the burial-transit	calE		d						
		Medical	IF FEMALE:							
Вох	The law requires that the death certifules has been signed by the attending tage 2 should be detached for use as	Physician/M	23b. Was decedent pregnant in the past 12 months?	23c. If yes, outcome 1 ☐ Live birth 4 ☐ Pregnant at	2 Fetal death 3	□Ectopic pregnancy □ Other (specify)	/		23d. Date Mont	of delivery h Day Year
	that the desped by the a	ysic	1 Yes 2 No 9 Unknown	9 Unknown	time or death 5					
, P.O	es that I	by Ph	Part II. Other significant conditions of	ontributing to death b	out not resulting in the u	ınderlying cause giv	en in Part I.			oute to the cause of death?
ords	w require been sig should b							1 🗆 Y	es 2□No 3	3 ☐ Probably 4 ☐ Unknown
of Vital Records,	e law re has be je 2 shi	Completed						24a. Was a autops perfori	sy pr	ere autopsy findings available for to completion of cause of eath?
ai B			05 West and another state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of th				26. Place of Deat	1 ☐ Yes	200 No 1	∃Yes 2N No
<b>Zit</b>	Physician: r this certificated rail director,	To Be	25. Was case referred to medical examiner?  1  Yes 2 No	Hospital:	ent 2 ER/Outpatie	nt 3 DOA Oth	or all		ence 6 🗆 Othe	r (Specify)
	ding Phys		27. Manner of Death  1 Natural 5 □ Pending	28a. Date of Inju (Month, Da	ıry 28b. Time o		y at rk?	28d. Describe he	ow injury occurre	d
sioi	Attending ir death. ector: After by the fune	catic	2 Accident investigatio		As been a 4		Yes 2 □ No	29f Location (S	treet and Numbe	r or Rural Route Number,
Division	or Attendate death Director:	Certification:	4 Homicide determined	288. Flace 01 111	jury - At home, farm, st lc. (Specify)	reet, factory, office		City or Town		of Traffal Tradito Trainings,
_	To the Hospital or Attending Physician: within 24 hours after death. To the Funeral Director: After this certific completely filed in by the funeral director.	edical C	29a. Certifier 1 Certifying Ph (Check only 2 Medical Examone)	nysician: To the best niner: On the basis of and manner st	of my knowledge, dea of examination and/or in ated.	th occurred at the til nvestigation, in my o	me, date and place, opinion, death occur	and due to the c red at the time, d	ause(s) and man late and place, a	ner as stated. nd due to the cause(s)
	To the within To the comple	Me	29b. Signature and title of certifier	0 1.	(Lu)	29c. Licens		2	1 -	(Month, Day, Year)
1				auch	(NO-1)	D3	2158		9/24	(0)
/	2		30. Name and address of person with	completed cause of	death (Item 23a) (Type	Print)	et, ste 4	07 B	Pti mas	10 Mix 2/201
	St	ate	31. Date filed (Month, Day, Year)	32. Pegist	rar's Signature	j 31.00	4,3107	(, 1000		7 -1 -1 -1 -1
j.	Regist		OCT 0 3 2	006	in the said	Desce.				

	-	For State Registrar		State	of Maryla	and / Depa <i>Cer</i>	irtment of l tificate of	Health and I	Mental Hy	giene 2	006	31182
		1. Decedent's Nam	ne (First, Middle, L	.ast)					2. Date of D	eath	V.	3. Time of Death
Physicia /Medic		James J	. Brezna						Month	er 1,	2006	3:00 AM M
Examine	_	4a. Facility Name (	(If not institution, g		ımber)		4b. City, Town,	or Location of Deat Havre De			nty of Death ford	
Funeral		5. Social Security N		Sex 1⊠M 2□F	7. Age (In y	rs. last birthday)	If Under 1 Year Months Days		8. Date of Bi	rth ay, Year) 1/1939	Cou	place (State or Foreign
Director	-	Usual Residence of	7	183.11		Yrs.			09/14	1/1939	PA	
how		10a. State	10b. County		10c.	City, Town or Lo	cation					10d. Inside City Limits
Sa-f s	Director	MD	Harfor	rd 	I	Havre De						1 ☐ Yes 2 No
with th		10e. Street and Nu 1119 Rev	wolution	Street			10f. Zip Code 21078			10g. Citizen o	of What Cou ed Sta	•
	by Funeral		ried 2 Married	Armed F 1 ☐ Yes If Yes, G	2 No	li li	Vas Decedent of I	Hispanic Origin? (S an, Mexican, Puerl Specify:	pecify Yes or Note Rican, etc.)	В	ace - Americ lack, White,	etc.
2 hours		3 Widowed	15. Decedent's			16a. Deced	lent's Usual Occu	pation		16b. Kind of		
within 72 ho liene. r than "natu	Completed	(Special Special ondary (0-12)		(1-4or 5+)	life. L	kind of work done OO NOT use retire rity Off	*	rking	Job C	orps	,	
d be filed ental Hygi ked other c event,	To Be Co	17. Father's Name  John B		st)				18. Mother's Nar Isabell	me <i>(First, Middle</i> Le Switc		ame)	
nd 2 shoulsith and M. 27 is mar			lame/Relationship rezna-Pre:		ghter			and Number or Ru reet Hav				
permit. Pages 1 and 2 should be filed within 7 beartment of Heelih and Mental Hygiens Importent; if item 27 is marked other than "in any Injury or other traumatic event, the Med page.			sposition Cremation 3 5 Other (Spec		State		sition (Name of natory or other pla lke Crema	· 1	Oct 3 2006	20c. Location		own, State  Maryland
permit. Departr Import		21. Signature of Fr	uneral Service Lic	ensee	Moogs	~		ess of Facility and Funer n Pastures			re, Ma	ryland
		23a. Part1. Enter the shock, or hea	the disease, or co art failure. List on	mplications that by one cause on	caused the de	eath. Do not ente	er the mode of dyi	ng, such as cardia	or respiratory a	arrest,		Approximate Interval Between
Physician /Medical		tmmediate Cause disease or condition resulting in death)	on	a	meta	static	rect	al Ca	ncer		1	Onset and Death
Examiner		Commentable list as	anditions	b.	(or as a cons	sequence or):						
pe as	Examiner	Sequentially list contains any, leading to it cause. Enter Under Cause (Disease or that initiated event	mmediate lerlying r injury		(ur as a cons	aquence of).						
cate be executed physicien and the burial-transit	ŭ.	that initiated event resulting in death)	ts Last	c. Due to	(or as a cons	sequence of):						
cate be physicle the bu	dical		•	d								
eath certifi attending for use as	Physician/Med	tF FEMALE: 23b. Was deceder in the past 12 1 Yes 2 9 Unknown	2 months?		birth 2 ☐ F nant at time o	etal death 3 [	Ectopic pregnanc Other (specify)	у			Date of deliver	ery Day Year
quires thet the signed by ald be detailed.	<u>م</u>	Part II. Other signi	ificant conditions	contributing to	death but not i	resulting in the un	dertying cause gr	ven in Part I.		tobacco use co		he cause of death?
	Completed								24a. Was auto perfo 1 ☐ Yes		o. Were auto prior to co death? 1 \(\sum \text{Yes}\)	psy findings available mpletion of cause of
iclen: T certificet rector, pa	Be	25. Was case refe examiner?	erred to medical	Hospital:			. 04	26. Place of Dea				
Phys	5	1 Yes 27. Manner of Dea	th	28a. Date	of Injury	EP/Outpatient 28b. Time of	28c. Inju	ry at	lome 5 Res	how injury occ		ý)
tending f death. tor: After the funer	atio	Naturat 2 ☐ Accident	5 Pending investigation	ion	nth, Day Year	) Injury	Wo	rk? ]Yes 2□No				
al or Atta s after de il Directo d in by th	Certification;	3 Suicide 4 Homicide	6 Could not determine	200. Flac	e of Injury - A ling, etc. (Spe	t home, farm, streecify)	et, factory, office			(Street and Nur wn, State)	nber or Rura	al Route Number,
	edlcal (	29a. Certifier (Check only one)	Certifying I	aminer: On the I	a bast of my boasis of exam oner stated.	rnawladge, death ination and/or inv	estigation, in my	ma date and place opinion, death occu	and due to the irred at the time,	cause(s) and a date and place	nannar ae e a, and due t	tated the cause(s)
To th To th	ž	29b. Signature and	d title of certifier	1	<u> </u>		29c. Licens			29d. Date sign		Day, Year)
		30. Name a add	iress of person wh	o completed cau	se of death (t	tem 23a) (Type, I		4841		/ -	1	
60		Ashkun K 31. Date filed (Mor	OGNICANI V	ND, 602	S.Atw	ood Kd	He 200	BelAi	CIMD	2101	4	
Stat Registra	_	Date filed [Mor	067.63	2006	Bels.	gnature	artis					

State of Maryland / Department of Health and Mental Hygiene 1 - For State Registrar Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Month Day Year September 27, 2006 **Physician** 2:03 AM M Cornelia Byrnes A.K.A Cornelia Popescu /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Casey House Derwood Montgomery If Under 1 Year | If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthday) 8. Date of Birth 9. Birthplace (State or Foreign **Funeral** Days Hours 1 ■ M 2 KF 57 10/02/1948 Director 219-06-8908 Yrs Romania Usual Residence of Decedent filed within 72 hours after death with the Maryland 10b. County 10a State 10c. City, Town or Location 10d. Inside City Limits other than "natural", or items 23s or 28s-f show MD 1 Yes 2 No Director Montgomery Silver Spring 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1506 Hanby St. 20902-United States Funeral 12. Was Decedent Ever in U.S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 ☐ Yes 2 No If Yes, Give Year or Dates: 1 Never Married 20 Married Baltimore, Maryland 21215-0036 1 ☐ Yes 28 No Specify: White Completed by 3 ☐ Widowed 4 ☐ Divorced 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Computer Elementary/Secondary (0-12) College (1-4or 5+) Engineer 17. Father's Name (First, Middle, Last) permit. Pages 1 and 2 should be fit.
Department of Heelth and Mantal Hy
Important: If Itam 27 is marked oth
any lighty or other traumatic avant Be 18 Mother's Name (First, Middle, Maiden Surname) Tudor Dimache Dominica (Unavailable) 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) David F. Byrnes/Husband 11116 Forest Edge Dr. Reston, VA 20190-20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Sep 29 20c. Location - City or Town, State 1 ☐ Burial 2 Cremation 3 ☐ Removal from State Beltsville, Maryland Chesapeake Crematory 2006 4 □ Donation 5 □ Other (Specify) 21. Signature of Funeral Service Ligensee 22. Name and Address of Facility
Rapp Funeral & Cremation Services 1100382 Stephen Holemann 933 Gist Ave. Silver Spring, Maryland 20910-23a. Part1. En in the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Betw Onset and Death Immediate Cause (Final disease or condition resulting in death) **Physician** Ovarian Cancer /Medical Due to (or as a consequence of) Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of) ettending physicien and for use as the burial-tran Due to (or as a consequence of) Division of Vital Records, P.O. Box 68760, by Physician/Medical IF FEMALE 23c. If yes, outcome of pregnancy 1 ☐ Live birth 2 ☐ Fetal death 23b. Was decedent pregnant in the past 12 months?
1 ☐ Yes 2 No 23d. Date of delivery 3 Ectopic pregnancy Month Day signed by the et id be detached fo 4☐ Pregnant at time of death 5 Other (specify) 9 Unknown 9 Unknown Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? cate has been si 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Unknown Completed 24a. Was an autopsy perform 24b. Were autopsy findings available prior to completion of cause of death? this certificate 1 Yes 2 No 1 ☐ Yes 2 ☐ No completely filled in by the fineral director, Be 25. Was case referred to medical examiner? 26. Place of Death Check only one Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: 1 ☐ Yes 2 No Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 DOA 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred after death Director: After 12 Natural 5 Pending Injury 1 ☐ Yes 2 ☐ No investigation 2 Accident 3 Suicide 6 Could not be 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 ☐ Homicide To the Hospitel o within 24 hours aft To the Funeral Di Extifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29a Certifier 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signature and title of certifier 29d. Date signed (Month, Dev. Year) Cynthia M Williams DO H0058032 10 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Cynthia M. Williams 6001 Muncaster Mill Rd. Rockville MD 20852 31. Date filed (Month, Day, Year) 32. Registrar's Signature State OCT 0 3 2006 Registrar

State of Maryland / Department of Health and Mental Hygiene 2006 For State Registrar Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Month **Physician** FRANCIS JOSEPH BOCK October . 2006 2:22 PM /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner HOSPICE OF BALTIMORE @ GILCHRIST CENTER Towson Baltimore County If Under 1 Year | If Under 24 Hrs. Social Security Number 6. Sex 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Sept 29 Birthplace (State or Foreign Country) **Funeral** Hours Year) 1 x M 2 □ F 85 1921Director 215-14-0119 Maryland Usual Residence of Decedent filed within 72 hours after death with the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits i Hygiene. other then *natural; or items 23a or 28e-f ehow rent, the Modical Examinar must be notified at 1 Ves 2 No Director Maryland N/ABaltimore City 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1210 Northview Road 21218 USA Funeral 11. Marital Status 12. Was Decedent Ever in U.S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Pueno Rican, etc.) Race - American Indian, Black, White, etc. 1 ∑Yes 2 ☐ No If Yes, Give Year or Dates: 1 ☐ Never Married 2 X Married WWII Baltimore, Maryland 21215-0036 1 ☐ Yes 2 🏋 No Specify: δ White 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Accountant State of Maryland permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If Item 27 is marked oth any lighty or other treumatic event spag. 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Victor Bock Marie 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mrs. Evelyn T. Bock 1210 Northview Road, Baltimore, Maryland 21218 (Wife) 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 TBurial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐Donation 5 ☐ Other (Specify) Dulaney Valley Mem Grdns 10/5/2006 Timonium, Maryland 21. Signature of uneral Service Linesee 22. Name and Address of Facility lawson Mitchell-Wiedefeld Funeral Home, Inc. Martin D. Lawson 6500 York Road, Baltimore, Maryland 21212 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Immediate Cause (Final disease or condition resulting in death) **Physician** Ancel months /Medical Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of) Examiner ettending physicien and for use as the burial-transit or Attending Physicien: The law requires thet the death certificate be executed Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760 Physician/Medical IF FEMALE: 23c. If yes, outcome of pregnancy 1 ☐ Live birth 2 ☐ Fetal death 23d. Date of delivery 23b. Was decedent pregnant 3 Ectopic pregnancy in the past 12 months? 1 ☐ Yes 2 ☐ No Month Year 4☐ Pregnant at time of death 5 Other (specify) á Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? ል 1 ☐ Yes 2 ☑ Ño 3 Probably 4 Unknown Completed 24b. Were autopsy findings available prior to completion of cause of death?

1 ☐ Yes 2 ☐ No 24a. Was an hes autopsy performed? certificate 1 Yes 2 No 25. Was case referred to medical Be 26. Place of Death (Check only one) examiner? Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No ပ this s 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Certification: After 1 Natural 5 Pending М 1 □ Yes 2 □ No investigation efter deeth Director: 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, State) filled in by 4 | Homicide within 24 hours et 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 25205 · m who completed cause of ath (Item 23a) (Type, Print) A.Riley GBINC 6701 Belto. M. 31. Date filed (Month, Day, Year) 32 Registrar's Signature State OCT 03 Joseph . 2006 Registrar

			State of Maryland / Department State of Maryland / Department   1 - State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   St	nt of Health and Marker of Death	lental Hyg	iene 200	6 3118
			Decedent's Name (First, Middle, Last)	o or Boarn	2. Date of Deat Month		3. Time of Death
	Physici /Medio		Clarence Marvin Bach		09 -	30-06	
	Examir	er	To 111. 5 11 10 10	Town, or Location of Death		4c. County of Deat	th
	Funeral		of occidence of the second of the second of the second occurrence of the second occurrence of the second occurrence of the second occurrence of the second occurrence of the second occurrence of the second occurrence of the second occurrence of the second occurrence of the second occurrence of the second occurrence of the second occurrence of the second occurrence of the second occurrence of the second occurrence of the second occurrence of the second occurrence of the second occurrence of the second occurrence of the second occurrence of the second occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurr	ri Year If Under 24 Hrs. Days Hours Min.	8. Date of Birth (Month, Day,	Year) 9. Birt	thplace (State or Foreign
	Director		218–12–3404	Days Hours Min.	09-22-		
	land ow		Usual Residence of Decedent  10a. State 10b. County 10c. City, Town or Location				10d. Inside City Limits
	a-feh	ctor	MD Baltimore Rosedale				1 ☐ Yes 2 XNo
	death with the Maryland ms 23a or 28a-f ehow Entitet be meditied at	Director		p Code	1	0g. Citizen of What Co	ountry?
	ns 234	Funerai		21237	ecify Yes or No-	USA 14. Race - Ame	nican Indian.
ماه	after d or iten	Fun	Armed Forces? If Yes, spe	dent of Hispanic Origin? (Specify Cuban, Mexican, Puerto	Rican, etc.)	Black, White	e, etc.
98	n 72 hours after death with the Marylan "natural", or Items 23e or 28e-f ehow edical Exercitival frees Le ricilised at	d by	3 Wildowed 4 Divolced Year of Dates: WW 1 1		1		nite
5-5		Completed	life, DO NOT u	ork done during most of worki	ing	16b. Kind of Business/	Industry
212	ified within I Hygiene. other than "	mo	Elementary/Secondary (0-12) College (1-4or 5+)  12 Letter C	arrier		J.S. Postal	Service
25	s 1 and 2 should be filed withing Health and Mental Hygiene. Item 27 is marked other than other treumatic event, I'LE M	Be	17. Father's Name (First, Middle, Last)  John P. Bach	18. Mother's Name	(First, Middle, M Talbot	Vaiden Sumame)	
15	2 should be and Mental ie marked c	င္		s (Street and Number or Rura		City or Town State 2	Zin Code)
N B	alth ar			mrose Avenue,			237
ore,			20a. Method of Disposition  1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State  20b. Place of Disposition (Na. cemetery, crematory or or or or or or or or or or or or or	me of pather place)	Date	20c. Location · City or	Town, State
₫.	permit. Page Department of Important: If eny injury or once.		4 Donation 5 □ Other (Specify) Gardens Of Fa		-06 E	Baltimore,	MD
	Dermi Depa impo eny i		MININA			edale Funer	
C/			23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mos shock, or heart failure. List only one cause on each line.	Chesaco Avenue de of dying, such as cardiac d	e, ROSE or respiratory arre	est,	21237 Approximate Interval Between
	Physician	`	Immediate Cause (Final disease or condition Respiratory	gilure		and the second	Onset and Death
	/Medical Examiner		Due to (or as a consequence of				
		ler	Sequentially list conditions, if any, leading to immediate  b				
	icuted nd transit	Examiner		isions			
60,	licate be executed physicien and s the burial-transit		resulting in death) Last  Due to (or as a consequence of):				
68760,	ficate p physics the t	edicai	d				
	leath certifi attending   I for use as	M/ue	IF FEMALE: 23b. Was decedent pregnant 1 ☐ Live birth 2 ☐ Fetal death 3 ☐ Ectopic p	reanancy		23d. Date of del	
Division of Vital Records, P.O. Box	Attending Physician: The law requires thet the death certific death. •ctor: Atter this certificate has been signed by the attending by the funeral director, page 2 should be detached for use as	by Physician/M	in the past 12 months?  1			Month	Day Year
9.	es thet th igned by be detacl	/ Ph	Part II. Other significant conditions contributing to death but not resulting in the underlying	cause given in Part I.	23e. Did tob	bacco use contribute to	the cause of death?
rds	quires on sign				1 ( <b>X</b> Ye	es 2 □No 3 □ Pr	obably 4 Unknown
၀၁	law re as bee 2 sho	Completed			24a. Was ar	n 24b. Were au	itopsy findings available completion of cause of
Œ.	: The cate h				perform	ned death?	2□ No
Vits	sician certifi rector	Be c	25. Was case referred to medical exampler?  10 Yes 2 □ No  Hospital: 1 □ Impatient 2 □ ER/Outpatient 3 □ DO	26. Place of Death			
of	g Phy er this eral d	n: To	27. Manger of Death 28a. Date of Injury 28b. Time of	OA 4 Not string Hot		ence 6 Other (Spec ow injury occurred	cify)
sior	eath. or: Aff	Certification:	2 Accident investigation M	1 ☐ Yes 2 ☐ No			
Divi	or Att	ertifi	3 Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factor building, etc. (Specify)	y, office	28f. Location (Sti City or Town	reet and Number or Ru n, State)	ural Route Number,
	spital nours neral y filled		29a. Certifier 12 Certifying Physician: To the best of my knowledge, death occurred	at the time, date and place,	and due to the ca	ause(s) and manner as	stated.
	To the Hospital or Attending Physician: The law requires I within 24 hours after death.  To the Funeral Director: After this certificate has been signs completely filled in by the funeral director, page 2 should be	Medical	(check only 2 Medical Examiner: On the basis of examination and/or investigation one) and manner stated.	n, in my opinion, death occurr	ed at the time, da	ate and place, and due	to the cause(s)
	J T T T T T T T T T T T T T T T T T T T	2	29b. Signature and title of certifier	c. License number	25	9d. Date signed (Monti	h, Day, Year)
	8 1		30. Name and address of person who completed cause of death (Item 23a) (Type, Print)	1450000	0	4130	16
	U		Danielle Gerry, MD				
	Sta Registi		31. Date filed (Month, Day, Year)  OCT 0 3 2006  32. Registrar's Signature	es :			
3	riegisti	(e)	- COLOG COOP MARKETING TO DESCRIPTION OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE P	27			

		٠.	For Stete Registrar	State of Man	yland / De _l <i>C</i> e	partment of I e <i>rtificate of</i>	Health and N <i>Death</i>	lental Hygien ۱. Reg. ۸		31186
ı	Physicia	an	1. Decedent's Name (First, Middle, La					2. Date of Death Month	ay Year	3. Time of Death
	/Medic Examin		Geraldine St  4a. Facility Name (If not institution, give	e street and number)	t	4b. City, Town,	or Location of Death	OCTOBER	c. County of Death	1.45 F M
	LAGIIIII	ÇI	Union Memorial	Hospital		Balti	imore		N/A	
	Funeral		5. Social Security Number 6. S		n yrs. last birthda	y) If Under 1 Year Months Days		8. Date of Birth (Month, Day, Yea	9. Birtho	place (State or Foreign
	Director		218-12-8945 Usual Residence of Decedent	1 M 2 F 8	3 Yrs.			May 25 1	923 Mar	yland
	/land		10a. State 10b. County	11	Oc. City, Town or	Location			1	0d. Inside City Limits
	a-feh	tor	Maryland N/A		Baltimor	•				Yes 2 No
	or 28	Director	10e. Street and Number			10f. Zip Code		10g. (	Citizen of What Cour	ntry?
	death with the Maryland ms 23a or 28a-f ehow rittust te politied at		116 W. Universit						d States	of America
36	be filed within 72 hours after death with the Marylar lat Hygiene. Id other than "naturel", or Items 23s or 28s-f ehow event, the Medical Exactions must be collided at	by Funeral	11. Marital Status  1 Never Married 2 Married	12. Was Decedent Eve Armed Forces? 1 Tyes 2 No	er in U.S.	3. Was Decedent of If Yes, specify Cub	Hispanic Origin? (Sp ban, Mexican, Puerto Specify:	pecify Yes or No- p Rican, etc.)	14. Race - Americ Black, White, Specify: LTb	
	hour turei	ed b	3 Widowed 4 □ Divorced  15. Decedent's E	Year or Dates:	16a De	cedent's Usual Occu		16h	Kind of Business/Inc	
1215-0036	within 72 ene. than "nai	Completed	(Specify only highest gr	ade completed)	(Gi	ve kind of work done . DO NOT use retire	during most of work	king	King or business/in	Justry
22	d with giene ar tha	mo:	Elementary/Secondary (0-12)	College (1-4or 5+)	Swi	tchboard	Operator	Ra	nking	
힏	be filed tal Hygid d other event, I	Bec	17. Father's Name (First, Middle, Last					e (First, Middle, Maide		
<u>S</u>	S should be filed and Mental Hygi ie marked other aumatic event, II	10	Irving Springer					ae Hudson		
Maryland 2			19a. Informant's Name/Relationship					ral Route Number, City		
	s 1 and 3 f Heelth item 27 other tra		20a. Method of Disposition	<b>\</b>		position (Name of	meadow C	ourt, Bran	dywine, M. Location - City or To	
Itimore,	0 0	,	1 Burial 2 Cremation 3	Removal from State	cemetery, c	rematory or other pla	1			
	글은 원금 .	1	4 □ Donation 5 □ Other (Special Signature of Funeral Service Lice		netro Cr	ematory I		oring Byer	onsville,	MD. 21228
Ba	Depa Impo any i		100	luch muo	323	8728 Libe	rty Road.	Randallst	own. Ma <del>rv</del>	land 21133
			23a. Fat1. Enter the disease, or con shock, or heart lailure. List only						,	Approximate Interval Between Onset and Death
7	Physician		Immediate Cause (Final disease or condition resulting in death)	_ a	Heir	to Sir	ekl			6 200
	/Medical Examiner		Toolston of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the st	Due to (or as a c	onsequence of):					
		e	Sequentially list conditions, if any, leading to immediate	b. Due to (or as a c	unsequence of):					
0/	uted d ansit	Examiner	cause. Enter Underlying Cause (Disease or injury that initiated events							
ò	sicien and burial-transit		resulting in death) Last	Due to (or as a c	onsequence of):					
68760,	ficate be executed g physicien and as the burial-transit	edicai	•	d						
_		Med	IF FEMALE:							
Box	The law requires that the death certif sie hes been signed by the ettending page 2 should be detached for use ar	Physician/M	23b. Was decedent pregnant in the past 12 months?	23c. If yes, outcome of 1☐Live birth 2[	Fetal death	B Ectopic pregnanc	су	10	23d. Date of delive Month	ery Day Year
O	the e	ysic	1 ☐ Yes 2 ☐ No 9 ☐ Unknown	4☐Pregnant at tin 9☐ Unknown	e ol death	5 ☐ Other (specify) _		<del></del>		34,
۵.	that the	Ph.	Part II. Other significant conditions	contributing to death but r	not resulting in the	underlying cause g	iven in Part I.	23e. Did tobacc	o use contribute to the	he cause of death?
Vital Records,	uires sign ld be	d by	Adero	collina	sin .			1 Tes	2 □ No 3 □ Prob	pably 4 Unknown
Ö	w req	Completed	dronie	fum.	lain	d		24a. Was an	24b. Were auto	psy findings available
Re	The lav te hes age 2	E		9				autopsy performed	prior to condeath?	mpletion of cause of
a		4	25. Was case referred to medical				26. Place of Dea	1 ☐ Yes 2 ☐ 1 th (Check only one)	No 1 ☐ Yes	2   No
	Physic this ce al direc	To B	examiner? 1 ☐ Yes 2☐ No	Hospital:	2 ER/Outpat	ient 3 DOA	thor	ome 5 Residence	6 ☐Other (Specif	y)
Division of	To the Hospital or Attending Physician: within 24 hours eller death. To the Funeral Director: After this certifical completely illed in by the funeral director.	Certification:	27. Manner of Death Natural 5 ☐ Pending 2 ☐ Accident investigation	28a. Date of Injury (Month, Day Y	ear) 28b. Time	y Wo	uryat ork? ∐Yes 2∐No	28d. Describe how in	jury occurred	
N N	<b>5</b>	rtifica	3 Suicide 6 Could not to determined		- At home, larm, Specify)	street, lactory, office		28l. Location (Street City or Town, Sta	and Number or Rura	al Route Number,
_	To the Hospital or within 24 hours etter To the Funeral Dircompletely filled in I		29a. Certifier 1 Certifying P	hysician: To the best of r	ny knowled Le. de	ath occurred at the t	time, data and stage	and due to the much	(a) and course are of	fatur?
	• Hos	edical	(Check only 2 Medical Exa	miner: On the basis of ex and manner state	ramination and/or	investigation, in my	opinion, death occu	rred at the time, date a	ind place, and due to	the cause(s)
	To th withir To th comp	Me	29b. Signature and title of certifier	1 11		29c. Licen	nse number	29d. [	Date signed (Month,	Day, Year)
)			1 Gregory J	. It Iker	MI	700	502566	2 16	1/07/0	6
	10	1	30. Name and address of person who	completed cause of dear	th (Item 23a) (Typ	e, Print)		4 3, ~ ,	1 44 ^	
			Gregory 1,	WAIKEN V	no hu	nionm	remeri)	al Hospita	a) MD	
	Sta Registi		31. Date liled (Month, Day, Year)	32. Registrar's	Signature	Rosall 1		V		

		I	Amend #2 Per Phy G860 107	Maryland	d / Depar	tment of ⊦ ificate of i	lealth and M Death	ental Hyو ا	giene 200	6 31187
		_	1. Decedent's Name (First, Middle, Last)		2 (	770010			00ct 01,20	10 1
-	Physiciai /Medica		Kenneth		Bla	ir	4b. City, Town, or Loc	10 10 be	v 2 200	
	Examine	r 4	te Fecility Neme (If not institution, give street end numb	ier)	Hamil	2	16. City, Lown, or Loc	mone		ore County
	Funeral Director		5. Social Security Number 286-01-1391 6. Sax 1 M 2 F	Age (In yrs. In 92		If Under 1 Year Months Days	If Under 24 Hrs. Hours Min.	8. Date of Birt	h 9. B	irthplace (State or Foreign Country) Indiana
	pu	- 1-	Usuel Residence of Decedent 10a, Stete 10b, County	10c. City	y, Town or Loca	ition				10d. Inside City Limits
	Maryle fied at	. 1	Maryland Baltimore County							1 □ Yes 2 <b>/C</b> /No
	or 28s		10e. Street end Number			10f. Zip Code			10g. Citizen of Whet	-
	a 23a	Funeral Director	16 Rain Flower Path	oot Ever in III	C 12 W	21131	lispanic Origin? (Spe		United Sta	nerican Indian,
020	urs a	2	11. Marital Status  1 □ Never Married 2 □ Married  1 □ Never Married 2 □ Married  1 □ Yes 2 □ If Yes, Give Year or Date	es?		Yes 2⊠No	lispanic Origin? (Spe an, Mexican, Puerto F Specify:	Rican, etc.)	Black, Wi	
5-0	"netural",	eted	15. Decedent's Education (Specify only highest grade completed)		16e. Decede (Give ki	nt's Usual Occup nd of work done	ation during most of workird)	ng	16b. Kind of Busines	ss/Industry
21215-0020	withir shen then	Completed	Elementery/Secondary (0-12) College (1-4 N/A	or 5+)	Artis		1)		National	Brewery
	be filed tal Hygid d other event,	Be C	17. Fether's Neme (First, Middle, Last)		L		18. Mother's Name	(First, Middle,	Maiden Surname)	
ylaı	ould be filed Mental Hyg mrked othe matic event,	္	Unknown		1		Unknown	I Davida Mumbi	er, City or Town, State	Zin Codo)
Maryland	th and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and the and	1	19e. Informent's Name/Relationship (Type, Print) Mrs. Doris Hochstedt (Fri	lend)						land, 21030
Baltimore,	Pages 1 ar		20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from St 4 ☐ Donation 5 ☐ Other (Specify)	20b. Pi	lace of Disposi emetery, crema	tion (Name of tory or other place eral Cha	Ce)	Date	20c. Location - City	
Baltin	permit. Pag Department Important: I any injury o		21. Signature of Funeral Service Licensee	<b>~~</b>	Pea	Name and Addre	s of Facility Tternative		ral&Cremat Maryland 2	ion Ctr. P.A. 21093
		+	23a. Pert1. Enter the disease, of complications that cat shock, or heart failure. List only one cause on eet	used the death	1				_	Approximate Interval Between
	Physician /Medical Examiner		Immediate Cause (Final disease or condition resulting in death)	dine		Myster	-			Onset and Death
× 68760, ←	iceta be physicia s the bur		Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initieted events resulting in death) Last		r as a conseque					
Box	that the deeth certified by the ettending datached for usa a	Physician/M	Part II. Other significant conditions contributing to dea	th but not rest	ulting in the unc	lerlying cause giv	ven in Part I.	23b. Dld	tobacco use contribu	ite to the cause of death?
0.0	the goth	E S	Dementia.					10	Yes 2 No 3□	Probably 4 Unknown
Ś	s 52 .	ted by	perman, oc.					24a. Was	an autopsy 24 rmed?	Were autopsy findings available prior to completion of cause
Record	has be	Completed								of death?
Ta F	ician: The li certificate ha rector, pege		25. Was case referred to medical				26. Place of Death	(Check only o		1 ☐ Yes 2 ☐ No
f Vital	<u>\$</u> <u>∞</u> <del>\</del> <del>\$</del>	To Be	examiner? / Hospital:	patient 2	ER/Outpatient	3□ DOA Oth	nor:		dence 6 □Other (S	pecify)
n of	Ing Ph (fter th uneral		Landature 3 Trending	Injury Dey Year)	28b. Time of Injury	28c. tnju Wo M 1	ryat rk? Yes 2 □ No	28d. Describe	now injury occurred	
Division	i or Attending P after daath. Director: After d in by the funer	Certification:	2 Accident investigation 3 Suicide 6 Could not be determined 28e. Plece c building	of Injury - At ho g, etc. (Specify	ome, farm, stree	et, factory, office		28f. Location ( City or To	Street and Number or vn, Stete)	Rural Route Number,
		edical C	29a. Certifier (Check only one)  1 Certifying Physicien: To the base and manner on the base and manner on the base and manner on the base and manner on the base and manner on the base and manner on the base and manner on the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of t	is of examinat	wledge, death of tion and/or inve	occurred at the tilestigation, in my o	me, date and place, a opinion, death occurre	and due to the ed at the time,	cause(s) and manner date and place, end c	as stated. lue to the cause(s)
	To the comp		29b. Signature and title of certifier	er m	w	29c Licens	se number 959855		29d. Date signed (Mo	onth, Day, Yeer)
	3 H		30. Name end address of person who completed cause	of deeth (Item	Emak	rint) Rd.	Balto	none,	MD2/-	234
	Stat Registra	е	31. Date filed (Month, Dey, Year)  OC   0 3 2006	gistrer's Signa	ature	antico .				/

			For State Registrar	State o	f Marylan	d / Depa	artment of H	lealth and Death	d Mental H	Hygier Reg. N		6 31188
			Decedent's Name (First, Middle, La	ist)					2. Date of Month	Death	ay Yea	3. Time of Death
	Physici /Medic	_	WILLIAM			BENI	DER		SEPT	. 30	<b>,</b> 2006	1:30 p
	Examir		4a. Facility Name (If not institution, gir				4b. City, Town, or		eath	4	c. County of De	
		7 t 3 12	MILLENNIUM FRA  5. Social Security Number 6.		SQUAR 7. Age (In yrs.		BALT If Under 1 Year	IMORE	drs. 9 Date of	Rieth	BALTI	
	Funeral Director		216-76-5489	Sex 1 2 M 2 □ F	86	Yrs.	Months Days		fin. 8. Date of (Month), MAY	Day. Yea 24.1	920 WE	irthplace (State or Foreign Country) ST VIRGIN]
400			Usual Residence of Decedent					J				
	arylan show	Ļ	10a. State 10b. County		10c. Cit	y, Town or Lo	cation					10d. Inside City Limits 1 ☐ Yes 2 No
	Me Misserf	ecto	MD. BALTI	MORE		BAL	TIMORE					
	ath with the Mary 23a or 28e-f ehr	ă	10e. Street and Number 1217 W. FAYET	ייבי כייים	r r m		10f. Zip Code 212	122		10g. C	Citizen of What	,
	death with the Maryland ms 23a or 28e-f ehow rmaat Le notified a	Funeral Director	12.17 W. FAILI	12. Was Dec	edent Ever in U	.S. 13. V	Vas Decedent of Hi f Yes, specify Cuba		(Specify Yes or	No-	U.S.A.	nerican Indian,
9			1 X Never Married 2 ☐ Married	Armed Fo	2X No	•	fYes, specify Cuba I□Yes 2 XNo	n, Mexican, Pi	uerto Rican, etc.		Black, Wi	nite, etc.
21215-0036	hours after urel', or Ite	Completed by	3 Widowed 4 Divorced	If Yes, Gir Year or D	ates:		Yes 2L4NO	Sреспу:			Specify:	WHITE
5-(	72 u	ete	15. Decedent's E (Specify only highest gr			(Give	lent's Usual Occupa kind of work done of DO NOT use retired	during most of	working	16b.	Kind of Busines	s/Industry
12	within ene. then "	dmc	Elementary/Secondary (0-12)	College (	1-4or 5+)		ISABLED	"			N/A	
<b>d</b> 2	filed Hygi other	Be Co	17. Father's Name (First, Middle, Las.	')				18. Mother's	Name (First, Mid	dle, Maide		
Maryland	o d in D	ToB	EDWARD BEND	ER				FLO	RENCE	MAS	SA	
ary	S P E E		19a. Informant's Name/Relationship	Type, Print)		19b. Mailir	g Address (Street a	and Number or	Rural Route Nu	m <i>ber, Cit</i> y	or Town, State	Zip Code)
	and and a selth n 27 l		CHARLES PEACHE	R,JR./I			CASCADI	E DR.,				
Baltimore,	of He		20a. Method of Disposition 1 ☐ Burial 2 X Cremation 3 [	Removal from	State	emetery, crer	sition (Name of natory or other place		Date	20c.	Location - City	or Town, State
Ë	Peg tment tent: jury c		4 Donation 5 Other (Speci	ty)	BA	YVIEW	CREMATO					E, MARYLAND
Bal	permit. Peges 1 and 2 Department of Heelth s Important: If Item 27 li eny Injury or other tra 9068.		21. Signature of Funeral Service Lice	nsee	may	127 T	Name and Addres ILLY & Z 901 EAST	ŽÉIĽÉR ČERN A	INC.	FUNE BALT	RAL HO IMORE,	ME MD. 21231
*			23a. Part1. Enter the disease, or con shock, or heart failure. List only	plications that of	aused the deat	h. Do not enl	er the mode of dying	g, such as care	diac or respirator	y arrest,		Approximate Interval Between
di	Physician		Immediate Cause (Final disease or condition	a FITHER	isc ushot	ic C	ARBI OVA	SCULA	2 DIS	ETTE	=	Onset and Death
	/Medical Examiner		resulting in death)	Due to	(or as a conseq	uence of):						
	Å	1	Sequentially list conditions,	b. Due to	(or as a conseq	nence of):						
()	nsit	nin	ri any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	540 (6	(or as a sonissiq	301100 017.						
6,	be executed ician and burial-transit	Examiner	resulting in death) Last	c Due to	(or as a conseq	uence of):						
8760	cate be ex physician the buria	dical	(	d								
9		<b>O</b>	IE EELIN E									
Box	requires that the death certific een signed by the attending p nould be detached for use as	Physician/M	IF FEMALE: 23b. Was decedent pregnant in the past 12 months?		come of pregna		Ectopic pregnancy				23d. Date of d Month	elivery Day Year
	ne dea the at hed fo	sici	1 Yes 2 No	4□Pregr 9□Unkn	ant at time of down	eath 5□	Other (specify)			-	MOHITI	Day 19a
P.0	that the d ed by the detached	F)	Part II. Other significant conditions	contributing to d	eath but not res	ulting in the w	deriving cause give	an in Part I	239 [	id tohacci	use contribute	to the cause of death2
ds,	signed d be del	d by	•			<b>-</b>	and the second second			Yes		Probably 4 Unknown
cor	> 0 0	Completed							24a. V	Ass an	24h Were	autopsy findings available
Re	hes ye 2	d m							- a	utopsy erformed?	prior to death	completion of cause of
ta	ician: Th certificate rector, pag	0	25. Was case referred to medical					26 Place of	1 ☐ Ye Death (Check or		1	es 2 No
Ξ	Physician: this certific al director,	ToB	examiner?	Hospital:	Inpatient 2	ER/Outpatien	t 3 DOA Othe	75	g Home 5 🗆 F		6 □Other (St	pecify)
Division of Vital Records,			27. Manner of Death 1 ☑ Natural 5 ☐ Pending	28a. Date (Mon	of Injury th, Day Year)	28b. Time of Injury	28c. Injury Work	at	28d. Descri	be how in	jury occurred	
sio	Attending r death. actor: Afte	Certification:	2 Accident investigation	n				Yes 2 □ No				
Ξ̈́	or Att	Ē	3 Suicide 6 Could not to determined	286. Place	of Injury - At he ng, etc. (Specif	ome, farm, str y)	eet, factory, office		28f. Locatio	n (Street Town, Sta	and Number or . ite)	Rural Route Number,
	pital	Ce	29a. Certifier 1 Certifying P	bunining. To the	host of my kno	uuloden daati						
	To the Hospital or Attendi within 24 hours after death. To the Funeral Director: A completely filled in by the fu	edical	Check only 2 Medical Exa	miner: On the b	asis of examina ner stated.	tion and/or in	occurred at the time restigation, in my op	pinion, death o	ace, and due to occurred at the tir	ne, date a	(s) and manner nd place, and d	as stated. Le to the cause(s)
	ro the	Me	29b. Signature and time of certifier				29c. License	e number		29d. C	ate signed (Mo	nth, Day, Year)
	h		Jehn Whetens	0			DOM	ADCRO		00	OR FO	2 20n6
	Ď		30. Name and address of person who	completed caus	se of death (Item	1 23а) (Туре,	Print)			200		7-00
	~		prompted constan	PAL -	201 , BA	W R	HER NE	CK RS	. 村10年	,B	ALTIMA	2,2006 25,MB-212
	Sta		31. Date filed (Month, Day, Year) OCT 0 3 2006	32. F	legistrar's Signa	iture						,
1	Registr	ar	001 03 2000	Malur	S. S.	Gerle	,					

		1 - For State Registrar	State of Maryland /		t of Health and e of Death	Mental Hygier	') [] [] [	31189
		Decedent's Name (First, Middle, Last)				2. Date of Death		3. Time of Death
Physic /Medi		Margaret E. Bro	wn			September	21 2000	1:45A M
Exami		4a. Facility Name (If not institution, give s	treet and number)	4b. City,	Town, or Location of Deat	h	4c. County of Death	
A.		Southern Maryla			linton		rince G	
Funeral		5. Social Security Number 6. Sex		Yrs. Months	1 Year If Under 24 Hrs Days Hours Min.	(Month, Day, Yea	ar) Coui	
Director		234-76-2965 Usual Residence of Decedent	<i>x</i> 30			Oct 23	947 W.	Virginia
yland		10a. State 10b. County	10c. City, To	wn or Location			1	0d. Inside City Limits
Mar B-f-et	ioto	MarylandPrince G	eorge's Up	per Mar	1boro			1 ☐ Yes 2⁄2 No
ih the or 28	Oire	10e. Street and Number		10f. Zip			Citizen of What Cou	niry?
ath wi	Funeral Directo	14604 Van Wagne			0772		JSA	
er dei	nne	T. Maria States	12. Was Decedent Ever in U.S. Amed Forces?	13. Was Deced	dent of Hispanic Origin? (S offy Cuban, Mexican, Puer	Specify Yes or No- to Rican, etc.)	14. Race - Americ Black, White,	
rs aft	by F	1 ☐ Never Married ② ☐ Married 3 ☐ Widowed 4 ☐ Divorced	1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates:	1 ☐ Yes	No Specify:		Specify: B1	ack
21215-0036 Sd within 72 hours after death with the Maryland gjene. of then "natural", or liems 23a or 28a-1 show the Medical Examiner must be nutitied at	ted	15. Decedent's Educ	cation 16	a. Decedent's Usua	al Occupation	16b	. Kind of Business/In	dustry
21.5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Completed	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4or 5+)	life. DO NOT us	rk done during most of wa se retired)			
Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Ma	Con	12th	4yrs Cu	stomer	Service Ma		/erizon	
be the doth	Be	17. Father's Name (First, Middle, Last)	101			me <i>(First, Middl</i> e, <i>M</i> aid Callahar		
Maryland od 2 should be file lih and Mental Hy 27 is marked oth traumatic event	မ	Albert M. McDan		Oh Mailiam Addrona	(Street and Number or R		_	Codel 20772
Mai d 2 st d 2 st th and 7 is n traun	1	19a. Informant's Name/Relationship (Ty) Gilford Brown (H			n Wagner R			
Te, 1 an Heal Fem 2		20a. Method of Disposition	20b. Place	of Disposition (Nan	ne of		Location - City or To	
ages ent of ht: if i		1 Burial 2 □ Cremation 3 □ R 4 □ Donation 5 □ Other (Specify)	moval from State Memo	rial Pa	rk $9-2$	7-06 Ar	napolis	, Md.
Baltimore, Maryland 21215-0036 permil. Pages 1 and 2 should be filed within 72 hours after death with the Marylan Department of Health and Mental Hygiene. Important: if item 27 is marked other then "natural", or items 23a or 28a-1 ehow eny injury or other traumatic event, the Madical Examinar must be nutited at gonce.		21. Signature of Funeral Service License			d Address of Eacility Cese & Son			
Depariment of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular o		Larry & Re	ese M00483	821 W	est St. An	napolis.	Md. 214	01
		23a. Part1. Enter the disease, or compli shock, or heart failure. List only or	cations that caused the death. Do	o not enter the mod	e of dying, such as cardia	c or respiratory arrest,		Approximate Interval Between
r Pnysician		Immediate Cause (Final disease or condition	Myocard	ial In	farction			Onset and Death
/Medical Examiner		resulting in death)	Due lo (or as a consequenc	e of):				
Lxammer		Sequentially list conditions,	Due to (brias a consequenc	e refe				
ted nsit	nine.	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	Duo to to to as a consoquent	o ory.				
), execu n and ai-tra	Examiner	that initiated events resulting in death) Last	Due to (or as a consequenc	e of):				
. Box 68760, death certificate be executed e attending physicien and dor use as the burial-transit			1					
68 nillicar ng ph	Physician/Medical	IF FEMALE:						-
Box 68 leath certifica attending ph	an/	23b. Was decedent pregnant in the past 12 months?	3c. If yes, outcome of pregnancy 1 ☐ Live birth 2 ☐ Fetal dea	ith 3□Ectopic pr	regnancy		23d. Date of deliv Month	ery Day Year
P.O. B that the death ed by the atter detached for	Sici	1 ☐ Yes 2 ☐ No 9 ☐ Unknown	4□Pregnant at time of death 9□Unknown	5 ☐ Other (sp	pecify)			
P.O.		Part II. Other significant conditions cor	ntributing to death but not resulting	g in the underlying c	ause given in Part I.	23e. Did Iobaco	co use contribute to t	he cause of death?
S 8 8 8	d by	Pancreatic	Cancer			1 ☐ Yes	2 No 3 Pro	pably 4 Unknown
Cord w requir been si	Completed	Diabetes Me	llitus			24a. Was an	24b. Were aulo	opsy findings available
Re( The lav	E G					autopsy performed	death?	mpletion of cause of
f Vital Relysicien: The its certificate hidirector, page	0	25. Was case referred to medical			26. Place of De	ath (Check only one)	140	2010
<u> </u>	To B	examiner? 1 ☐ Yes 2 ☐ No	lospital: 1 Inpatient 2 ER/	Outpatient 3 DC	OA Other: 4 Nursing	Home 5 Residence	6 □Other (Speci	fy)
Jn O ding Pl		27. Manner of Death 1 ☑ Natural 5 ☐ Pending	28a. Date of Injury (Month, Day Year)		28c. Injury at Work?	28d. Describe how it	njury occurred	
Vision Attending r death. ector: After	cati	2 Accident investigation 3 Suicide 6 Could not be	One Place of Leiser At home	M	1 Yes 2 No	28f. Location (Street	t and Alumbar or Dur	al Pauta Numbar
Division of tor Attending Phy effer death. Director: After this in by the funerel d	Certification:	4 Homicide determined	28e. Place of Injury - At home, building, etc. (Specify)	rami, street, ractory	y, onice	City or Town, S.		ar riodie remoer,
Division or  To the Hospital or Attending Ph within 24 hours effer death.  To the Funeral Director: Affer th completely filled in by the funeral	C	29a. Certifier Certifying Physics	sician: To the best of my knowled	ige, death occurred	at the time, date and place	e, and due to the cause	a(s) and manner as s	stated.
ne Hoor 24 h	edicai	(Check only 2 Medical Exami	nar: On the basis of examination and manner stated.	and/or investigation	, in my opinion, death occ	urred at the time, date	and place, and due t	o the cause(s)
To th Withir To th comp	Me	29b. Signature and title of certifier		290	c. License number	29d.	Date signed (Month.	
1					10061415	0	1 21 20	
(		30. Name and address of person who co	ompleted cause of death (Item 23a	a) (Type, Print)	yland Uncar	tal Center	Clinton	, MD
		31 Date filed (Month Day Year)	32. Registrar's Signature	TEN NOW	Thorn Inst		/	,
Regis	tate trar	30. Name and address of person who companied (Month, Day, Year)	Broad St A	cassi				

Please Type or Print in Black Indelible Ink State of Maryland / Department of Health and Mental Hygiene 1- For State 2006 Certificate of Death Rea No Registrar Decedent's Name (First, Middle, Last) Physician/ 2. Date of Death Month Day Y September 25, 2006 Medical Examiner James Curry 0225 hrs 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Johns Hopkins Hospital Baltimore NA 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) If Under 1 Year If Under 24Hrs. **Funeral** 8. Date of Birth (MM/DD/YYYY 9. Birthplace (State or Foreign Director Hours 216-40-2052 1 X M 2 Country) 63 6 - 3 - 43Md. Usual Residence of Decedent any 10b County Oc. City, Town or Location 10d Inside City Limits 28a-f show Baltimore Md. NA 1 X Yes 2 No permit Pages I and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Director s 23a or 28a-f e notified at o 10e. Street and Number 10f. Zip Code 10g Citizen of What Country? 21205 1312 Ashland Ave. USA Funeral Was Decedent Ever in U.S. 13. Was Decedent of Hispanic Origin? (Specify Yes or No-14. Race - American Indian, Black Armed Forces? 1 Never Married If Yes, specify Cuban, Mexican, Puerto Rican, etc.) White, etc. 1 X Yes 3 Widowed 4 Divorced Give Year 1 Yes 2 X No specify: Specify: Black "natural" ģ 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done 16b. Kind of Business/Industry Completed during most of working life. DO NOT use retired) Elementary/Secondary (0-12) College (1-4 or 5+) other than 12th grade Mail Handler U.S. Post Office 17. Father's Name (First, Middle, Last) 8.Mother's Name (First, Middle, Maiden Surname) If item 27 is marked her traumatic event, 1 Be Curry Eugene Elizabeth Snead 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) မှ 19a. Informant's Name/Relationship (Type, Print ) B Carrie M. Curry Wife 1312 Ashland Ave., Baltimore, Md. Baltimore, 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, Date 20c. Location - City or Town, State 1 XBurial 2 Cremation 3 Removal from State crematory or other place) Important: Garrison Forest Vet. 10-3-06 Owings Mills, Md. Donation 5 Other Specify. nature of Funeral Service 22. Name and Address of Facility March F.H. East 1101 E. North Ave., Baltimore, Md. 21202 art I. Enter the diserse, or complications that caused the leath. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart **Physician** Approximate Interval failure. List only one cause on each line. /Medical Between Onset and a. Hypertensive Atherosclerotic Cardiovascular Disease mediate Cause (Final disease Death **Examiner** condition resulting in death) Due to (or as a consequence of) Sequentially list conditions Examiner if any, leading to immediate Due to (or as a consequence of): cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): Physician/Medical UNPENDED AMENDED P.O. Box 68760, sthat the death certificate be-IF FEMALE 23c. If yes, outcome of pregnancy 23d. Date of delivery 23b. Was decedent pregnant in the Live birth Fetal death 3 Ectopic pregnancy Month Day Year past 12 months? Pregnant at time of death 5 Other (Specify) 1 Yes 2 No 9 Unknown Unknown Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I o 23e. Did tobacco use contribute to the cause of death? ģ Recurrent Gastrointestinal Bleeding 1 Yes 2 No 3 Probably 4 V Unknown pe Completed Division of Vital Records, 24a Was an 24b. Were autopsy findings available autopsy prior to completion of cause of death? performed? Yes 2 V No Yes 25. Was case referred to medical 26. Place of Death (Check only one) Be Hospital: 1 Other₄ Inpatient 2 ER/Outpatient 3 Nursing Home 5 Residence 6 1 V Yes 27. Manner of Death 28a. Date of Injury (Month, Day, Year) 28b. Time of Injury 28c. Injury at Work? 28d. Describe how injury occurred 1 V Natural Pending Yes 2 No To the Funeral Director: 2 Accident Investigation 28e. Place of Injury - At home, farm, street, factory, office building, etc 28f Location (Street and Number or Rural Route Number, City 3 Suicide Could not be or Town, State) determined (Specify) 4 Homicide 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as started. 2 W Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) 29b. Signature and title of certi 29c. License number 29d Date signed (Month, Day, Year) O.C.M.E. September 25, 2006 30. Name and address of person who complet a cause of death (Item 23a) Melissa Brassell, MD

DHMH 17 Rev 1/2001 OCME 2006

State Registrar

31 Date filed (Month, Day, Year)

**ORIGINAL** 

111 Penn Street, Baltimore, MD 21201

Assistant Medical Examiner

32. Redistrar's Signature

	1 - State State Registrar	of Maryland / Depa	artment of Health and I rtificate of Death	Mental Hygie	ne _{No.} 2006	3119
Physician /Medical	1. Decedent's Name (First, Middle, Last) Buena Vista Clark			2. Date of Death Month 09	Day Year 27 2006	3. Time of Death 12:08p ^M
Examiner	4a. Fecility Name (If not institution, give street and n Rebecca House		4b. City, Town, or Location of Death Potomac  If Under 1 Year   If Under 24 Hrs.		4c. County of Death Montgomer	у
Funeral Director	5. Social Security Number 579−38−8734 6. Sex 1 □ M 2 ☑ F  Usual Residence of Decedent	7. Age (In yrs. last birthday) 99 Yrs.	If Under 1 Year   If Under 24 Hrs.   Months   Days   Hours   Min.	8. Date of Birth (Month Day, Ye 2-17-190	9. Birth Cou ALa	place (State or Foreign intry) 1bama
in the Maryland or 28a-f show anytiged at	10a. State 10b. County MD Montgomery	10c. City, Town or Lo				10d. Inside City Limits 1 ☐ Yes 2 ☐ No
Street death with the Mar r Hems 23a or 28a-f eigher mutilied plear must be nutified Funeral Director	10e. Street and Number 5007 Sentinel Dr. #42	1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	101. Zip Code 20816		Citizen of What Cou	
aryland 21215-0036 should be filed within 72 hours after death with the Maryland nd Menial Hygiene. marked other then "natural", or Items 23s or 28s-f show unsatic event, the Madical Exemples maintee mailtied at  To Be Completed by Funeral Director	1 ☐ Never Married 2 ☐ Married 1 ☐ Yes If Yes, G Year or	2½Q\$No Give	Was Decedent of Hispanic Origin? (Siff Yes, specify Cuban, Mexican, Puerting Yes   XXNo Specify:		14. Race - Ameri Black, White Specify: Whi	, etc.
Maryland 21215-0036 d 2 should be filed within 72 hours att ith and Mental hygiene. 77 is marked other then "natural", or traumatic event, Ira Madical Exem To Be Completed by F	4	() (1-4or 5+) 16a. Dece (Give life. Nur		king H	o. Kind of Business/Ir lospital	ndustry
laryland 212. 2 should be filed within and Mental Hygiene. Is marked other then aumatic event, tre Mercal To Be Comp	17. Father's Name (First, Middle, Last)  Thomas Edward Gilchrist  19a. Informant's Name/Relationship (Type, Print)		į	ne (First, Middle, Maid cDaniel ral Route Number, Ci		p Code)
the r	Emily Fahey/daughter  20a. Method of Disposition		Sentinel Dr.#42	Bethesda,		
0 80	1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from 4 ☐ Donation 5 ☐ Other (Specify)	cemetery, crea Chesapeal	ke Crematory 10-0:	200	eltsville,	
Baltime permit. Pag Department Important: I any joljury o	21. Signatury of Funeral Service Licensee	2 moi358 22	2. Name and Address of Facility App Funeral & Crei	Silver	Spring M	D Ave.20910
Physician /Medical Examiner	resulting in death)	caused the death. Do not ent	er the mode of dying, such as cardiac			Approximate Interval Between Onset and Death  Weeks
60, be executed be executed burial-transit	cause. Enter Underlying Cause (Disease or injury that initiated events  c.	(or as a consequence of):				
By the stee	IF FEMALE:					
P.O. BOX 6 nat the death certific d by the attending pletached for use as	23b. Was decedent pregnant 1 Live	nant at time of death 5	Ectopic pregnancy Other (specify)		23d. Date of deliv Month	ery Day Year
cords, P w requires tha been signed I should be det	Part II. Other significant conditions contributing to Dementia	death but not resulting in the u	nderlying cause given in Part I.		co use contribute to t	he cause of death?
Vital Record ician: The law requir certificate has been s rector, page 2 should Be Completed				24a. Was an autopsy performed	prior to co death?	opsy findings available impletion of cause of
Sion of tending Physeath. to: After this the funeral dill cation: To cation: To	27. Manner of Death  1 📆 Natural 5 Dending (Mo investigation )	Inpatient 2 ER/Outpatien of Injury onth, Day Year)  2Bb. Time of Injury	t 3 DOA Other: MXNursing Ho	th Check only one) ome 5 Residence 28d. Describe how if	njury occurred	
Divi	4 Homicide determined 288. Plac built	e of Injury - At home, farm, str ding, etc. (Specify)		28f. Location (Street City or Town, St	tate)	
Divi	(Check only 2 Medical Examiner: On the	he best of my knowledge. Jest basis of examination and/or in- nner stated.	r sectioned at the time, data and place vestigation, in my opinion, death occur	and due to the cause red at the time, date :	and place, and due to	hatad. o the cause(s)
To t within To t com	29b. Signature and title of certifier	e 60	29c. License number  1) 600 9 3 17	29d.	Date signed (Month,	
4	30. Name and address of person who come electrical Robert Byrne 2333 S. Na		Print)		1,- 1/	
State Registrar	31. Date filed (Month, Day, Year) 32.			-		

	option		1 - For State Registrar		Maryland / Dep <i>Ce</i>	artment of H		Re	g. No 2006	
	Physici /Medic		1. Decedent's Name (First, Middle RUTH	ELIZABI	ЕТН С	RENSHAW		2. Date of Death Month OCTOBER	^{ື ໆ} 200້6	3. Time of Death  2:45 P ^M
	Examin	_	4a. Facility Name (If not institution, MANOR CARE TO	-	er)	4b. City, Town, or TOWSON		h	4c. County of Dec	
**************************************	Funeral Director		220-09-6878	6. Sex 1 □ M 2 🔀 F	Age (In yrs. last birthday, 86 Yrs.	Months Days	If Under 24 Hrs Hours Min.	8. Date of Birth (Month, Day, 06–26–1	Year) C	rthplace (State or Foreign Country)
	faryland ahow	ō	Usual Residence of Decedent           10a. State         10b. County           MD         Balti	more	10c. City, Town or L					10d. Inside City Limits 1 ☐ Yes 2 ☑ No
	r 28a-1	rect	10e. Street and Number		ZGZTVZZ	10f. Zip Code		10	g. Citizen of What C	1
	th with	al D	33 Derwood Cou	rt		21234			USA	
036	s 1 and 2 should be filed within 72 hours after death with the Maryland I Health and Mental Hygiene. itam 27 is marked other than "natural; or Itams 23s or 28s-f ahow other traumatic evant, the Medical Examinar must be rediffed at	by Funeral Director	11. Marital Status  1 Never Married 2 Marri 3 Widowed 4 Divorced	12. Was Decede Armed Force 1 Yes 2f If Yes, Give 4	X™o	Was Decedent of H If Yes, specify Cuba 1 ☐ Yes 2 ☐ Mo	ispanic Origin? (S n, Mexican, Puer Specify:	Specify Yes or No- to Rican, etc.)	14. Race - Am Black, Wh Specify: W	ite, etc.
21215-0036	within 72 ho iene. • then "netu the Medical	Completed	15. Decedent (Specify only highes Elementary/Secondary (0-12)		or 5+) (Give	dent's Usual Occupi e kind of work done o DO NOT use retired	during most of wo. ()	rking	6b. Kind of Busines:	
d 2.	filed withi Hygiene. other thar		12 17. Father's Name (First, Middle, I	.ast)	Exect	ative Secr		me (First, Middle, M	Drug House Maiden Sumame)	9
Maryland	should be and Mental I marked o	To Be	Severn Smith		ļ		Martha	<del>_</del>		
Mar	d 2 sho th and I thand I traume		19a. Informant's Name/Relationsh			55555			City or Town, State,	p/
altimore,	0 0		Benjamin Crensh  20a. Method of Disposition  1 Surial 2 Cremation  4 Donation 5 Other (Sp.	3 □Removal from Sta	20b. Place of Disponente	erwood Cou osition (Name of matory or other place 111 Cemete	θ)		MD 21234 Oc. Location - City of Baltimore,	r Town, State
Baltii	permit. Pag Department Important: t any injury o		21. Signature of Europe Service		/ 2	2. Name and Addres	ss of Facility C	rach/Rose	dale Funer	
	18.14	OVIVA	23a. Part1. Enter the disease, or shock, or heart failure. List of	complications that cause on each	sed the death. Do not en	211 Chesa ter the mode of dyin	g, such as cardia	c or respiratory arre	dale MD st,	Approximate Interval Between
	Physician		Immediate Cause (Final disease or condition resulting in death)	2	entiq					Onset and Death
	/Medical Examiner			Due to (or	as a consequence of):					
	ted nsit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury		as a consequence of):					
8760,	ate be executed hysician and the burial-transit	dlcal Exar	that initiated events resulting in death) Last	c Due to (or	as a consequence of):					
9	ntificate ng phys s as the	Medi	IF FEMALE:							
.O. Box	The law requires that the death certificate be executed tale has been signed by the attending physician and oage 2 should be detached for use as the burial-transit	Physician/Me	23b. Was decedent pregnant in the past 12 months? 1 ☐ Yes 2 ☐ No 9 ☐ Unknown		n 2 □ Fetal death 3( t at time of death 5(	□Ectopic pregnancy □ Other (specify)			23d. Date of de Month	olivery Day Year
ecords, P.	w requires that been signed b should be deta	by	Part II. Other significant condition	ns contributing to deat	h but not resulting in the u	underlying cause give	en in Part I.		acco use contribute s s 2 □ No 3 □ P	to the cause of death?
II Recc		Completed						24a. Was an autopsy perform 1 Yes 2	prior to	autopsy findings available completion of cause of s 2 1-No
of Vital R	Physician: Th r this certificate ral director, pag	Be c	25. Was case referred to medical examiner?	Hospital:		Cthe		ath (Check only one		
n of	ding Phys h. After this funeral di	on: To	1 ☐ Yes 2 ☐ No  27. Manner of Death 1 ☐ Natural 5 ☐ Pending	28a. Date of I (Month,	atient 2 EP/Outpatie njury 28b. Time o Day Year) Injury	of 28c. Injun Work	at c?	28d. Describe ho	nce 6 Other (Spa w injury occurred	ecity)
Division	I or Attandii after death. Diractor: A i in by the fu	Certification:	2 Accident investig 3 Suicide 6 Could n 4 Homicide determine	ot be 28e. Place of	Injury - At home, farm, st etc. (Specify)		Yes 2 □No	28f. Location (Str. City or Town,	eet and Number or F State)	Rural Route Number,
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	edical Ce		Examiner: On the basis	ast of my knowledge, deals s of examination and/or in					
	ro tha vithin 2 ro the comple	Med	29b. Signature and title of certifier	and manner	sidiou.	29c. License	number	29	d. Date signed (Mon	ith, Day, Year)
	3		Janon 18a			D0061			oct, 3, 2	006
1	U		30. Name and address of person of 565 North Co	who completed cause of	of death (Item 23a) (Type, Suite 20°	Print) Jason	Black,	21204		
ŀ	Sta Registi		30. Name and address of person of \$565 Normal Co.  31. Date filed (Month, Day, Year)  OCT 0 3 20	32. Reg	istrar's Signature	de)				

Please Type or Print in Black Indelible Ink. Ensure All Copies Are Legible.

amend State of Maryland? Bepartment of Health and Mental Hygiene 2 0 6

1 - For State Registrar Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Catherine Mary Corcoran **Physician** September Corcoran 23:40 PM 27 2006 /Medical 4b. City, Town, or Location of Death 4c. County of Death 4a. Facility Name (If not institution, give street and number) Examiner Hospital Hopkins Baltimore The Johns If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) 7. Age (In yrs. last birthday) 5. Social Security Number 6 Sex **Funeral** Months Days 1 □ M 2 X F 64 28, 1941 Pennsylvania Director 202-32-7333 Usual Residence of Decedent 10c City Town or Location 10d Inside City Limits 10a State 10h County Rhow or than "natural", or itama 23a or 28e-f ahov the Medical Examinar must be notified at 1 ☐ Yes 2X No Directo Harford Bel Air Maryland 10f. Zip Code 10g. Citizen of What Country? 10e. Street and Number 1602 Martha Ct. Unit 302 21015 USA by Funeral death 12. Was Decedent Ever in U.S. Armed Forces? 1 ☐ Yes ② No If Yes, Give Year or Dates: 14. Race - American Indian. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Black, White, etc. 1 Never Married 2 Married Baltimore, Maryland 21215-0036 1 ☐ Yes 3 ☐ No Specify: 3 ☐ Widowed 4 ☐ Divorced White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Hygiene. College (1-4or 5+) Elementary/Secondary (0-12) Homemaker Own Home ith and Mental Hygie 27 is marked other r traumatic event, it 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Pages 1 and 2 should be John Francis Joyce Mary Fenton ဥ 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) f Health a Itam 27 i 1602 Martha Ct. Unit 302, Bel Air, Maryland 21015 ace of Disposition (Name of Date 20c. Location - City or Town, State Patrick E. Corcoran/ Husband 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition permit. Pages 1
Department of H
Important: If Ita
any Injury or ot 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State 10-02-06 Darlington Cemetery Darlington, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of uneral Service Licensee 22. Name and Address of Facility
McComas Funeral Home, P.A. 1317 Cokesbury Rd., Abingdon, Maryland 21009 23a. Part1. Enter the disease, or completations that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final Glioblastoma **Physician** 2 months disease or condition resulting in death) /Medical Due to (or as a consequence of): Examiner 2 days urosepsis Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events Due to (or as a consequence of). attending physician and for use as the burial-transit 1 month The law requires that the death certificate be executed thrombocytopenia Exam resulting in death) Last Due to (or as a consequence of): P.O. Box 68760. Physician/Medical IF FEMALE 23c. If yes, outcome of pregnancy 1 ☐ Live birth 2 ☐ Fetel death 23d. Date of delivery 23b. Was decedent pregnant 3 Ectopic pregnancy in the past 12 months? 1 ☐ Yes 2 Ø No Month Day Year 4☐Pregnant at time of death signed by the a 5 Other (specify) 9 Unknown 9 Unknown Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? Division of Vital Records. Completed by Pulmonary Embolism 1 Yes 2 No 3 Probably 4 Unknown been si 24b. Were autopsy findings available prior to completion of cause of death?

1 □ Yes 2□ No 24a. Was an certificate has b autopsy performed 1 Yes 2 No or Attanding Physician: director, 25. Was case referred to medical Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: 1 ☑Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yes 2 No ဥ this 28a. Date of Injury (Month, Day Year) After thi funeral 28b. Time of 28c. Injury at Work? 27. Manner of Death 28d. Describe how injury occurred Certification: 1 Natural 5 Pending 1 Yes 2 No death. Director: / 2 Accident 3 ☐ Suicide 6 ☐ Could not be 281. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) within 24 hours after or To the Funeral Direct completely filled in by determined 4 Homicide To the Hospitel 29a. Certifier 12 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) Parastas Farelli, MD September 27, 2006 OP19513 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)
Parastoo Fazeli, The Johns Hopkins Hospital, 600 North wolfe street, Bultimore, MD 21287 31. Date filed (Month, Day, Year) 32. Agistrar's Signature State Registrar

State of Maryland / Department of Health and Mental Hygiene 2006 For State Registrar Certificate of Death 2. Date of Death 3. Time of Death 1. Decedent's Name (First, Middle, Last) Month Day September 28 Year 43AM **Physician** Arthur Dorrance Casey 2006 /Medical 4b. City. Town, or Location of Death 4c. County of Death 4a. Facility Name (If not institution, give street and number) Examiner Union Memorial Hospital Baltimore n/a If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) **Funeral** 1, M 2 □ F Yrs. MD Director Dec. 213-18-1942 Usual Residence of Decedent death with the Maryland 10a. State 10c. City, Town or Location 10d. Inside City Limits permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylan Department of Health and Mental Hygiene.
Importent: If Item 27 is marked other than "natural", or Itema 23a or 28e-f show any injury or other traumatic event, the Madical Examinet must be notified at once. 1 Yes 2 No Directo MD n/a Baltimore 10g. Citizen of What Country? 10e. Street and Number 10f. Zip Code 830 W. 40th Street 21211 USA Funerai Was Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. Was Decedent Ever in U.S. Armed Forces? 14. Race - American Indian, Black, White, etc. 11. Marital Status M∏Yes 2 ☐ No If Yes, Give Year or Dates: 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0036 1 ☐ Yes 🎾 No Specify: white δ 3√ Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Insurance Adjuster Insurance 18. Mother's Name (First, Middle, Maiden Sumame) 17. Father's Name (First, Middle, Last) Be Edmonia Louise Garrett Alfred Merriman Casey ၉ 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 11812 Ridgemont Rd., Lutherville, MD 21093 Arthur D. Casey Jr./Son 20b. Place of Disposition (Name of cemetery, crematory or other place) Date 20c. Location - City or Town, State 20a. Method of Disposition 1 X Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Jessops Church Cemetery 9/29/06 | Sparks, MD 22. Name and Address of Facility 21. Signature of Funeral Septime Toensee Lemmon Funeral Home of Dulaney Valley, Inc. 10 W. Padonia Rd., Timonium, MD 21093 Lowell M. Lemmon 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Immediate Cause (Final disease or condition resulting in death) **Physician** /Medical consequence of): Due to (or as a Examiner neumonia Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of) Examiner attending physician and to use as the burial-transit The law requires that the death certificate be executed Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical IF FEMALE: 23c. If yes, outcome of pregnancy 1☐Live birth 2☐Fetal death 23d. Date of delivery 23b. Was decedent pregnant 3 Ectopic pregnancy in the past 12 months? 1 ☐ Yes 2 ☐ No Month Year Day 4☐Pregnant at time of death 5 Other (specify) been signed by the should be detached 9☐ Unknown 23e. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Completed by 3 ☐ Probably 4 ☑ Unknown 1 ☐ Yes 2 ☐ No 24b. Were autopsy findings available prior to completion of cause of death?

1 □ Yes 2 □ No 24a Was an autopsy performed certificate 1 Yes 2410 To the Hospitel or Attending Physician: Be 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) To 2 No 1 Yes 1 Inpatient 2 ER/Outpatient 3 DOA his 28a. Date of Injury (Month, Day Year) After th funeral 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Certification: 1 Natural 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident To the Funeral Director: , completely filled in by the f 6 Could not be determined 3 Suicide Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) within 24 hours after To the Funeral Dire 4 THomicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifier un Cotomber 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Union Memori TLORELLO USVE 31. Date filed (Month, Day, Year) OCT 0 3 2006 Registrar

			1 - For Stete Registrar	State of Ma	aryland	l / Depa	artment	t of H	ealth a	ind Me	ental Hy	giene	2006	3	311	95
	Physici		1. Decedent's Name (First, Middle, Last) Harold Clifton Cal								2. Date of De Month OCt.	ath Day	y Year 2006		Time of De	
	/Medio Examin		4a. Facility Name (If not institution, give s Manor Care Towson	street and number)			4b. City, TOWS		Location o	f Death			County of Deat Baltimon		ounty	 !
	Funeral Director		5. Social Security Number 6. Sec 220-01-5710	7. Aga M 2□F	e (In yrs. la 88	est birthday) Yrs.	If Under Months	1 Year Days	If Under 2 Hours	Min.	B. Date of Bir (Month, Da June, 6	th ly, Year) 191	9. Birt Co Bayr	hplace ( ountry) nesv	State or Fe	oreign Md.
	iryland show		Usual Residence of Decedent  10a. State 10b. County		,	, Town or Lo	ocation								side City L	
	th the Ma or 28a-1 a e notities	by Funeral Director	10e. Street and Number	ce County	Tow	son	10f. Zip						izen of What Co	ountry?	∏Yes 2[	WO
	death wi	nerai 🛭	32 Dunvale Road	12. Was Decedent	Ever in U.S	S. 13.	2120 Was Deced		spanic Orig	gin? (Spec	ify Yes or No		ted Stat	nican Inc	dian,	
920	hours after death with the Maryland ture!', or Itams 23a or 28a-1 show al Examinar must be notitled at	by Fur	1 Never Married 2 Married 3 Widowed 4 Divorced	Armed Forces? 1 ②Yes 2 □ N If Yes, Give Year or Dates:	No		ir Yes, spec 1 □ Yes 2		Specify:	, Ривпо н	ican, etc.)		Black, White Specify: Wh			
Maryland 21215-0036	permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylan Department of Heatin and Mental Hygiene. Important: if Itsm 27 is marked other than "natural", or Itama 23a or 28a-1 show any Injury or other traumatic svent, the Medical Examinar must be notified at once.	Completed	15. Decedent's Edu (Specify only highest grade Elementary/Secondary (0·12)	cation e completed) College (1-4or 5 N/A	5+)	(Give life.	dent's Usua kind of wor DO NOT us inist	I Occupa rk done d e retired)	ition Juring most	of workin	9		ind of Business/ Ders	Industry		
/land	wild be filed Mental Hyg arked other	To Be C	17. Father's Name (First, Middle, Last) Harold C. Carter	11/11							(First, Middle M. Do					
	ind 2 sho alth and 1 27 is ma or trauma		19a. Informant's Name/Relationship (Ty Mrs. Madeline W. (		ife)		-						or Town, State, 2 3 21204	Zip Code	)	
Baltimore,	Pages 1 a nent of Hei int: If Item iry or othe		20a. Method of Disposition 1 ⊠ Burial 2 □ Cremation 3 □ R 4 □ Donation 5 □ Other (Specify)	emoval from State	20b. Pla cer More	ace of Dispo metery, crei eland	osition (Nan matory or of Memol	ne of ther place Cial	9)	0ct.4			ocation · City or <ville,< td=""><td></td><td></td><td>1</td></ville,<>			1
Balti	permit. Departm Importa any Inju		21. Signature of Funeral Service License	Jem	~	P. 2.	2. Name an eacefu 325 Yo	d Addres 11 A Ork F	s of Facilit I tern Road,	y ative Timo	es Fune nium,	eral8 Mary	Cremati Vland 21	ion ( 1093	Ctr.	P.A.
3760,4	Wedical Examiner has burial-transit	lical Examiner	shock, or heart failure. List only or Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Jisaas of it or that initiated events resulting in death) Last	Due to (or as	a conseque	ence of):	) - /		• 1					Onse	roximate val Betwee et and Dea	ith CV
P.O. Box 68	The law requires that the death certifica ite has been signed by the ettending ph bage 2 should be detached for use as th	Physician/Med	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 Yes 2 No 9 Unknown	3c. If yes, outcome 1 □ Live birth 4 □ Pregnant at 9 □ Unknown	2 Fetal	death 3[	□Ectopic pr						23d. Date of dei Month	livery Day	Yea	ır
	juires that n signed b	Ď	Part II. Other significant conditions con	ntributing to death b	ut not resul	lting in the u	nderlying ca	ause give	on in Part I.			obacco ( Yes 2	use contribute to □ No 3 □ Pr	o the cau	use of deat	
Division of Vital Records,	sician: The law requir certificate has been si irector, page 2 should I	Completed							<u> </u>		24a. Was auto perfo	psy ormed?	death?	completi	ion of caus	ulable se of
Vita	Physician: rthis certific ral director,	To Be C	25. Was case referred to medical examiner?	lospital: 1 ☐ Inpatie	ent 2 🗆 E	R/Outpatier	nt 3□ DC	Othe			(Check only o		6 ☐Other (Spe	city)		
ion of	nding Phy ith. : After this e funeral c		27. Manner of Death 1 ☑ Natural 5 ☐ Pending 2 ☐ Accident investigation	28a. Date of Inju (Month, Da		28b. Time o Injury		8c. Injury Work	at	2	3d. Describe			uiry)		
Divis	al or Atters after des	Certification;	3 Suicide 6 Could not be 4 Homicide determined	28e. Place of Inj building, et	ury - At hor c. (Specify)	me, farm, st	reet, factory	, office		2	Bf. Location ( City or To	Street ar wn, State	nd Number or Ru a)	ural Rou	te Number	r.
	To the Hospital or Attending Physician: The I within 24 hours after death. To the Funeral Director: After this certificate ha completely filled in by the funeral director, page	Medical (	29a. Certifier 1 ertifying Particular (Check only one) 2 Medical E mi	sician: the best ner: On e basis an manner	exa nati	vie de, deat and/or in	h occurred vestigation,	at the tim	e, date an pinion, dea	d place, at	nd due to the d at the time,	cause(s date and	) and manner as d place, and due	stated.	cause(s)	
	To the within To the comp	M	29b. Signature and title of certifier	7	//		290	License	number	12		29d. Da	te signed (Mont	h, Day,	Year)	
_	141		30. Name and address of person who	pieted use of	eath m	23a) (Type	Print)	1			100	10	m	17		
	Sta Regist		31. Date filed (Morith, Day, Year) OCT 0 3 2006	32. Registr	ar's Signati	ure	100				,			- 6		

		1	- State Amend item#17,	State of Maryla perFH, G860,	nd / Depa 10/3/06	artment of Hortificate of L	ealth and Mo Death	ental Hygie	ene 2006	5 31196
	Dhyojoir		1. Decedent's Name (First, Middle, Last)	0				2. Date of Death Month	Day Year	3. Time of Death
	Physicia /Medic	al	Stewart E	Cann				Septemb		*
	Examin	EI	4a. Facility Name (If not institution, give s CNESTER RIVER	tospital Ce	nter	4b. City, Town, or	ertown		4c. County of Dea	
	Funeral Director		215-36-0853	M 2□F	s. last birthday) 67 Yrs.	Months Days	Hours Min.	8. Date of Birth (Month, Day, Y ULY 16	939 Ma	rthplace (State or Foreign ountry) ryland
	pug *	}	Usual Residence of Decedent  10a. State 10b. County	10c. C	City, Town or Lo	ocation				10d. Inside City Limits
	Aarylé f eho	5	Maryland Kent		Cheste					1 ☐ Yes 2X No
	28a-	rect	10e. Street and Number			10f. Zip Code		10g	J. Citizen of What C	ountry?
	h with		8385 Broadneck	Rd.		21620	)		USA	
36	be filed within 72 hours after deeth with the Maryland stal Hygiene. ed other than "nature!, or Iteme 23a or 28a-f ehow event, the Medical Examinar must be notified at	by Funeral Director	11. Marital Status  12 Never Married 2 Married  3 Widowed 4 Divorced	2. Was Decedent Ever in Armed Forces?  1 Yes 2 No If Yes, Give Year or Dates:		Was Decedent of His If Yes, specify Cubar 1 ☐ Yes 2 No	spanic Origin? (Spen, Mexican, Puerto F Specify:	cify Yes or No- Rican, etc.)	14. Race - Am Black, Whi Specify:	
ŏ	2 hou	ted ed	15. Decedent's Educ	cation	16a. Dece	dent's Usual Occupa kind of work done d	ition	16	b. Kind of Business	s/Industry
21215-0036	2 should be filed within 7 and Mental Hygiene. Is marked other than "n aumatic event, the Med	Completed	(Specify only highest grade	College (1-4or 5+)	life.	Labor	uring most of workir	ig .	Self Em	ploved
	I Hygie other	Be C	17 Father's Name (Eirst, Middle, Last) Stewart L. Cann	2/20			18. Mother's Name	(First, Middle, Ma		
lar	should be and Mental s marked o umatic eve	To B	Stewart E Cann				Mildred	C. Dic	kerson	
Maryland	2 sho and h is ma		19a. Informant's Name/Relationship (Type		19b. Maili	ng Address (Street a	nd Number or Rura	Route Number, C	City or Town, State,	Zip Code)
	5 € Z ±		Marjorie Cann(S	ister)						d. 20706
Baltimore,	m 0		20a. Method of Disposition  1X Burial 2 □ Cremation 3 □ Re 4 □ Donation 5 □ Other (Specify)		ethodi	eition (Name of Matory or other place st Churc	h  9-30-	-06 P	omona, N	Md.
Balt	permit. Page Department of Important: If eny Injury of once.		21. Signature of Funeral Service Licenses	Leese M.	00482 2	Name and Addres Vm. Reese 321 West	s of Facility Sons St. Ann	Mortua	ry, P.A	401
			23a. Part1. Enter the disease, or complications, or heart failure. List only on	cations that caused the de						Approximate Interval Between
4	Physician		Immediate Cause (Final disease or condition	Resin	raton	Jailer				Onset and Death
7	/Medical		resulting in death)	Due to (or as a conse	equence of):					
	Examiner		Sacuentially list conditions b	Cao	7 les	I level				univern
	ed sit	nine	if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	Due to (or as a cons	eduence or)					
•	xecut and al-trar	Examiner	that initiated events cresulting in death) Last	Due to (or as a conse	equence of):					
68760,	icate be executed physicien and s the burial-transit	edical								
_			IF FEMALE:						1	1/_
.O. Box	The law requires that the death certifics ate has been signed by the attending pr page 2 should be detached for use as t	Physician/M	23b. Was decedent pregnant in the past 12 months?  1 □ Yes 2 □ No 9 □ Unknown	3c. If yes, outcome of preg 1 ☐ Live birth 2 ☐ Fe 4 ☐ Pregnant at time of 9 ☐ Unknown	etal death 3[	∃Ectopic pregnancy □ Other (specify)		-09	23d. Date of de Month	elivery Day Year
Δ.	that	by Ph	Part II. Other significant conditions con	tributing to death but not re	esulting in the u	inderlying cause give	on in Part I.	23e. Did toba	cco use contribute	to the cause of death?
rds	quires on sign		OCOPD 9 SU	rejophen	ie, 3	(upe A	DM	1 Pres	2 □ No 3 □ F	Probably 4 ☐Unknown
Records,	sician: The law requir certificate has been si irector, page 2 should I	Completed				<i>ν</i> ₁		24a. Was an autopsy performe	prior to	autopsy lindings available completion of cause of
a	n: Th ficate or, pag	e Co	25. Was case referred to medical				00 014 0	1 Yes 2€		s 2 No
of Vital	Physician: r this certificatal director,	To Be	examiner?	ospital: 1 Unpatient 2	☐ ER/Outpatie	nt 3 DOA Othe	26. Place of Death		ce 6 ☐Other (Sp	ecify)
o	ding Physician: The h. After this certificate hi funeral director, page		27. Manner of Death	28a. Date of Injury (Month, Day Year)	_			28d. Describe how		50.77
Ö	Attending For death.  Sector: After by the funera	atio	1 ☑ Natural 5 ☐ Pending 2 ☐ Accident investigation	(Worth, Day 19ar)	Injury		res 2□No			
Division	atter de Directo d in by th	Certification:	3 Suicide 6 Could not be determined	28e. Place of Injury - At building, etc. (Special Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the C	home, larm, st cify)	reet, factory, office	2	28f. Location (Stre City or Town,		Rural Route Number,
	To the Hospital or Attent within 24 hours after death To the Funeral Director: completely filled in by the	Medicai C		sician: To the best of my k ner: On the basis of exami and manner stated.						
	To the within 2 To the comple	Me	29b. Signature and title of certifier			29c. License	number	290	d. Date signed (Mor	nth, Day, Year)
			> laghlum	mo.			1313		9/26/08	
			30. Name and address of person who co	moleted cause of death (It	tem 233) (Tune					
	1		KIN K. WUN	mpleted cause of death (It	lust es	Aug. CA	hesterton	a, mo	21620	

Phy /M Exa Fune Direc permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: If item 27 is marked other then "natural" or items 23s or 28s-1 show Baltimore, Maryland 21215-0036

1 - For State Registrar

Physic /Medi Exami

Division of Vital Records, P.O. Box 68760,

To the Hospitel or Attending Physician: The law requires that the death certificate be executed within 24 hours after death.

To the Funers! Director: After this certificate has been signed by the attending physicien and

sicia edic		1. Decadent's Name (First, Middle, L		MNO					Month	23	3 (C)	6210PM
min		4a. Facility Name (If not institution, g		7/1/1/ (6	30 KOY	4b. City, Town, or	Location	of Death	2		ounty of Dea N/A	th
ral tor		5. Social Security Number U N 6.		(In yrs. last bir	thday)	Il Under 1 Year Months Days	If Unde Hours	Min.	8. Date of Birti (Month, Da) Dec 22	h /, Year)	9. Bir	thplace (State or Foreig ountry) ryland
1	ò	Usual Residence of Decedent  10a. State 10b. County	Arundol	10c. City, Tow		ation urnie		-				10d. Inside City Limits 1 ☐ Yes 2√2 No
	Sirect	Maryland Anne 2	ALundel	GIEI	.г Бс	10f. Zip Code				10g. Citize	n of What C	
	Funeral Director	281 Shetlands 11. Marital Status	12. Was Decedent E Armed Forces?		13. W	21061 as Decedent of H Yes, specify Cuba	ispanic O an, Mexica	rigin? (Span, Puerto	ecify Yes or No- Rican, etc.)	US 14.		erican Indian, te, etc.
B1 200	ρ	1 Never Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Married  Marr	If Yes, Give Year or Dates:		. Decede	Yes 2 No	Specify ation				of Business	Black VIndustry
A MARKA	Completed	(Specify only highest of Elementary/Secondary (0-12)			(Give k life. D	ind of work done of NOT use retired  Homema	during ma d)	st of work	ing		ne	
	To Be C	17. Father's Name (First, Middle, La Vernon Wallace	_				18. Moth		e (First, Middle, Johns		imame)	
	Y	19a. Informant's Name/Relationship Raymond Connor				Address (Street Shetlan				Burni	e, Mo	d. 21061
10 0 01		20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 4 ☐ Donation 5 ☐ Other (Spe		C.B.C.	Star	ition (Name of attry or other plac Park	(9)	9-28	8-06			Town, State
SDC.		21. Signature of Funeral Service Lic	Feese"	100480	82	Name and Addre N. Rees 21 West	St.	Ann	apolis	, Md	P.A . 21	401
ian		23a. Part 1. Enter the disease, or co shock, or heart failure. List on Immediate Cause (Final disease or condition	ity one cause on each lin	ιθ.		r the mode of dyin	-			rest,		Approximate Interval Between Onset and Death
cal ner	_	resulting in death)  Sequentially list conditions,	. hem	consequence consequence	198							2 iday
II-transit	Examiner	if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	. acid	em\a	Ĺ							Liday
use as me buriar-mansi			d. ORTH	otopic	_ h	reant-	tro	MSP	trans	-		5 day
Ď.	Physician/Medical	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 ☐ Yes 2 ☑ No 9 ☐ Unknown	23c. If yes, outcome 1 ☐ Live birth 4 ☐ Pregnant at 9 ☐ Unknown	2 Fetal death		Ectopic pregnancy Other (specify)	/			23	d. Date of de Month	elivery Day Year
completely titled in by the funaral director, page z snould be detache	δ	Part II. Other significant condition	s contributing to death be L NECLYT	ut not resulting	in the un	derlying cause giv			23e. Did to	1	<i>_</i>	to the cause of death?  Probably 4  Unknow
r, page z sn	Completed								1 Yes	rmed? 2 \( \text{No} \)	24b. Were a prior to death?	
directo	To Be	25. Was case referred to medical examiner? 1 N Yes 2 No	Hospital: 1 Inpatie		-		ler: 4□1		h <i>(Check only c</i> ome 5 ☐ Resid	dence 6[		ecify)
the tunara	Certification:	27. Manner of Death t Natural 5 Pending 2 Accident investiga 3 Suicide 6 Could no	t be		Time of Injury		yat rk? Yes 2[	□No	28d. Describe I			Rural Route Number,
iled in by		4 Homicide determin		c. (Specify)			ma data	and place	City or To	vn, State)		
npietely	Medical	(Check only 2 Medical Ex	caminer: On the basis of	examination at			pinion, de	eath occur		date and p	ace, and du	
g		29b. Signature and title of certifier	Clell	8 m	0	De	594	554	+	9	22	12006
		30 Name and address of person with the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state	MULLIND	225	(Type, F	eene s	أد	Ba	Itmore	MC	212	ol
Sta	ato	31. Date liled (Month, Day, Yeer)	32. Registr	ar's Signature	4							

DHMH 17 Rev 1/2001

State Registrar

			1 - State of Ma Registrar	iryland / Depa <i>Cei</i>	artment of Health and M Tificate of Death	lental Hygie Reg.		31198
I	Physici /Medic		1. Decedent's Name (First, Middle, Last)  John Angelo DeAntonii	s		2. Date of Death Month	Day Year 2006	3. Time of Death 5:43 PM
1	Examin		4a. Facility Name (If not institution, give street and number)		4b. City, Town, or Location of Death <b>Baltimore</b>		4c. County of Death N/A	
	Funeral Director		10M 20E	(In yrs. last birthday) 66 Yrs.	If Under 1 Year If Under 24 Hrs.  Months Days Hours Min.  Dece	8. Date of Birth (Month, Day, Ye	9. Birthpl Coun 1939 Ma	ace (State or Foreign try) aryland
	land		Usual Residence of Decedent  10a. State 10b. County	10c. City, Town or Lo	cation		11	Od. Inside City Limits
	e Mary	ctor	Maryland Baltimore	Randalls	town			1 ☐ Yes 2 ☐ No
	with th	Directo	10e. Street and Number 3824 Elmcroft Road		10f. Zip Code <b>21133</b>	_	Citizen of What Coun	of America
920	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: If item 27 is marked other than "naturel; or Items 23a or 28a-f show any injury or other treumatic event, I'm Medical Eranical must be notified at Ance.	by Funeral	11. Marital Status  1 Never Married 2 Married  3 Widowed 4 Divorced  12. Was Decedent Armed Forces?  1 Yes, Give If Yes, Give Year or Dates:	0	Was Decedent of Hispanic Origin? (Spr f Yes, specify Cuban, Mexican, Puerto I □ Yes X No Specify:		14. Race - America Black, White, 6 Specify: Whit	an Indian, etc.
21215-0036	72 ho "natur	Completed	15. Decedent's Education (Specify only highest grade completed)	16a. Deced (Give	dent's Usual Occupation kind of work done during most of work DO NOT use retired)	ing 16b	b. Kind of Business/Ind	ustry
7	within iene. than	dmo	Elementary/Secondary (0-12) College (1-4or 5	+)	s Examiner	Sc	ocial Secu	-
p	al Hyg	BeC	17. Father's Name (First, Middle, Last)		18. Mother's Name	(First, Middle, Maid	<b>lministrat</b> i den Sumame)	Lon
Maryland	should be and Ment marked matic of	2	Guglielmo DeAntoniis  19a. Informant's Name/Relationship (Type, Print)	19b. Mailin	Reparata	a Castagna		Code)
Σ S	and 2 seath ar		Mrs. Teresa DeAntoniis (Sp					
lore	iges 1 and of He if item or oth		20a. Method of Disposition 1 XBurial 2 ☐ Cremation 3 ☐ Removal from State		natory`or other place)		c. Location - City or Tor Cesville, N	
Baltimore,	mit. Pa partmer sortant / injury 28.		4 □Donation 5 □Other (Specify)  21. Signatur# of Funeral Service Licensee /		are the second second			D. 21764 Directors,I
<u>~</u>	8 3 E 8		Duradelya Hemmings		728 Liberty Road,	Randal1st	own, Mary	and 21133
-	Physician /Medical		23a. Part1. Enter the disease, or complications that caused shock, or heart failure. List only one cause on each lin Immediate Cause (Final disease or condition resulting in death)	diogenic	er the mode of dying, such as cardiac of	or respiratory arrest,		Approximate Interval Between Onset and Death
	Examiner		Due to (or as a	a cons (luence of):	infaration			7 days
	ed isit	iner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	consequence of):	1 /			13 years
Ć,	execut on and ial-tran	Examin	that initiated events c.	Consequence of):	ten Alsease			7/
68760,	ficate be executed physicien and is the burial-transit	edicai	d	abetes m	z llitus			20 years
P.O. Box 6	The law requires that the death certificate be executed the has been signed by the attending physicien and bage 2 should be detached for use as the burial-transit	Physician/Me	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 □ Yes 2 □ No 9 □ Unknown  23c. If yes, outcome 1 □ Live birth 4 □ Pregnant at 9 □ Unknown	2 ☐ Fetal death 3 ☐	lEctopic pregnancy   Other (specify)		23d. Date of deliver	y Day Year
rds, P	quires that en signed b ruld be deta	ě	Part II. Other significant conditions contributing to death but	it not resulting in the ur	nderlying cause given in Part I.	23e. Did tobacc	co use contribute to the	e cause of death?
Division of Vital Records,	The law re cete has be page 2 sho	Completed				24a. Was an autopsy performed 1 Yes 2 7	prior to con death?	sy findings available inpletion of cause of
Z Z	sician certifi irector	o Be	25. Was case referred to medical examiner?  1  Yes 2 No Hospital: 1 2 mpatie	nt 2 ER/Outpatien	Othor	(Check only one)		
n of	ng Phy Iter this neral d	on: To	27. Manner of Death 1 ☑Natural 5 ☐ Pending (Month, Day	y 28b. Time of		28d. Describe how in	e 6 □Other (Specify njury occurred	/
Siol	Attanding Physician: or death. ector: After this certifice by the funeral director, I	Icatic	2 Accident investigation 3 Suicide 6 Could not be	ry - At home, farm, stre	M 1 Yes 2 No	28f Location /Street	t and Number or Rural	Pouto Alumbas
<u>≥</u>	safter safter si Dire ed in by	Certification:	4 Homicide determined building, etc		set, factory, office	City or Town, St		riodie Namber,
	To the Hospital or Attanding Physician: The law within 24 hours after death.  To the Funerel Director: After this certificate has completely filled in by the funeral director, page 2	edical	29a. Certifier (Check only one)  1 Certifying Physician: To the basis of and manner sta	examination and/or inv	occurred at the time, date and place, restigation, in my opinion, death occurr	and due to the cause ed at the time, date	e(s) and manner as sta and place, and due to	ated. the cause(s)
	Withi To th	Σ	29b. Signature and title of certifier	- MD	29c. License number		Date signed (Month, I	
•	6		30. Name and address of person who completed cause of de	path (Item 23a) (Type, I	Print) Union Memoral	Hospital.	Baltimore	, MD
	Sta Registr		31. Date filed (Month Day, Year) 32. Registra	r's Signature		,		,

To Register  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  Nation  N				For State	State of	Marylan						ental Hy	giene 2 N N	6	31199	1
Physician Actions   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action   Action				Registrar	( a a d)		Cei	TITICAT	e or L	Jeatn					2. Time of Death	_
Definition   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   Sep		Physicia	an									Month	Day Ye	ar	М	
20613   Keeney Mill Road   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   September   S		/Medic	al			nher)	DeAng		Town or	Location	of Death	Septem			3:20 A	
Seed Service   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The Part   The P		Examin	er			,50.7									P	
157-30-9760   Sept 25, 1940   New Jersey   Tot. City, Toes or Location   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City Control   Tot. City C		Funeral			. Sex	7. Age (In yrs.	last birthday)	If Under	1 Year	If Under		8. Date of Birt				-
The state of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the cont		_		157-30-9760	123M 2□F	66	Yrs.	Months	Days	Hours		Sept 25		_	_	
Particle   Duggen   19b. Mario   DeAngelo   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (St		2 *				10c Cit	v Town or Lo	cation						100	I Inside City Limits	_
Particle   Duggen   19b. Mario   DeAngelo   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (St	1	short sho	ō			700.0									1 ☐ Yes 2 🎇 No	
Particle   Duggen   19b. Mario   DeAngelo   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (St		28a-1	rect		more		Freel		Code				10g. Citizen of Wha	t Countr	v?	-
Particle   Duggen   19b. Mario   DeAngelo   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (St	7	3a or		20613 Keeney Mi	11 Road				2105	3			USA			
Particle   Duggen   19b. Mario   DeAngelo   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (St	-	ms 2	nera		12. Was Dece		.S. 13.				igin? (Spe	cify Yes or No-				_
Particle   Duggen   19b. Mario   DeAngelo   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (St	2	or Ite	/Fu									riogri, otc./		ville, etc	*	
Particle   Duggen   19b. Mario   DeAngelo   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (St		urel',			Year or Da	ites:			**							
Particle   Duggen   19b. Mario   DeAngelo   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (St	2	"net	lete	(Specify only highest	grade completed)		(Give	kind of wor	rk done a	lurina mos	it of worki	ng	16b. Kind of Busin	ass/Indu	stry	
Particle   Duggen   19b. Mario   DeAngelo   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (Street and Number of Duggen   19b. Maining Address (St	7	with iene. than	шо			-4or 5+)				,	nerat	ions	Bankin	O [*]		
Tight   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Contro		Hygi other	0				VICC	LLCOL	deire					>		_
Tight   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Contro	0	Aenta Aenta rked tic ev	O B	Mario	DeAnge	e1o				Pa	atrio	ia	Duggar	n		
Tight   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Contro	2	and h		19a. Informant's Name/Relationship	o (Type, Print)		19b. Mailir	ng Address	(Street a	and Numbe	er or Rura	l Route Numbe	r, City or Town, Sta	te, Zip C	ode)	
Tight   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Contro	. ≥	and salth m 27			lo/Wife				-	Mill	Road	, Free				
22 Same and Address of Feeling   22 Amount   23 Amount   24 Amount   25 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amount   26 Amou		ges 1 t of H if ite or ot			□Removal from S	1 -	cemetery, crer	natory or o	ther place	e) (	9/307	06	20c. Location - City	or lowr	i, State	
Physician //Modical Examiner  Physician //Modical Examiner  Physician //Modical Examiner  Physician //Modical Examiner  Physician //Modical Examiner  Physician //Modical Examiner  Physician //Modical Examiner  Physician //Modical Examiner  Physician //Modical Examiner  Physician //Modical Examiner  Physician //Modical Examiner  Physician //Modical Examiner  Physician //Modical Examiner  Physician //Modical Examiner  Physician //Modical Examiner  Physician //Modical Examiner  Physician //Modical Examiner  Physician //Modical Examiner  Physician //Modical Examiner  Physician //Modical Examiner  Physician //Modical Examiner  Physician //Modical Examiner  Physician //Modical Examiner  Physician //Modical Examiner  Physician //Modical Examiner  Physician //Modical Examiner  Physician //Modical Examiner  Physician //Modical Examiner  Physician //Modical Examiner  Physician //Modical Examiner  Physician //Modical Examiner  Physician //Modical Examiner  Physician //Modical Examiner  Physician //Modical Examiner  Physician //Modical Examiner  Physician //Modical Examiner  Physician //Modical Examiner  Physician //Modical Examiner  Physician //Modical Examiner  Physician //Modical Examiner  Physician //Modical Examiner  Physician //Modical Examiner  Physician //Modical Examiner  Physician //Modical Examiner  Physician //Modical Examiner  Physician //Modical Examiner  Physician //Modical Examiner  Physician //Modical Examiner  Physician //Modical Examiner  Physician //Modical Examiner  Physician //Modical Examiner  Physician //Modical Examiner  Physician //Modical Examiner  Physician //Modical Examiner  Physician //Modical Examiner  Physician //Modical Examiner  Physician //Modical Examiner  Physician //Modical Examiner  Physician //Modical Examiner  Physician //Modical Examiner  Physician //Modical Examiner  Physician //Modical Examiner  Physician //Modical Examiner  Physician //Modical Examiner  Physician //Modical Examiner  Physician //Modical Physician //Modical Examiner  Physician //Modical Physician //Modical Physic		rtmen rtant: njury			-/-/	Du1						dens	Timonium	. Ma	ryland	-
Physician Andrews and College (Figure 1) and the college of the financial Batwaen on a skin inex. Immediate Calses (Figure 1) and the college of the calses on a skin inex. Immediate Calses (Figure 1) and the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the calses of the cals	מ	Depara Depara Impo		XXXIII	Lax	7	L	emmon	Fun	eral	Home	of Du	laney Val	Ley	Inc.	
Physician //Modical Examiner  Examiner  Begunning in cultiff state of control in a growing property of the control in a growing property of the control in a growing property of the control in a growing property of the control in a growing property of the control in a growing property of the control in a growing property of the control in a growing property of the control in a growing property of the control in a growing property of the control in a growing property of the control in a growing property of the control in a growing property of the control in a growing property of the control in a growing property of the control in a growing property of the control in a growing property of the control in a growing property of the control in a growing property of the control in a growing property of the control in a growing property of the control in a growing property of the control in a growing property of the control in a growing property of the control in a growing property of the control in a growing property of the control in a growing property of the control in a growing property of the control in a growing property of the control in a growing property of the control in a growing property of the control in a growing property of the control in a growing property of the control in a growing property of the control in a growing property of the control in a growing property of the control in a growing property of the control in a growing property of the control in a growing property of the control in a growing property of the control in a growing property of the control in a growing property of the control in a growing property of the control in a growing property of the control in a growing property of the control in a growing property of the control in a growing property of the control in a growing property of the control in a growing property of the control in a growing property of the control in a growing property of the control in a growing property of the control in a growing property of the control in a gr	7			23a. Part1. Enter the cisease, or o	omplication that ca	aused the deat	2.00	- included and an included						A	oproximate	
Due to (or as a consequence of):    Due to (or as a consequence of):   Due to (or as a consequence of):   Due to (or as a consequence of):   Due to (or as a consequence of):   Due to (or as a consequence of):   Due to (or as a consequence of):   Due to (or as a consequence of):   Due to (or as a consequence of):   Due to (or as a consequence of):   Due to (or as a consequence of):   Due to (or as a consequence of):   Due to (or as a consequence of):   Due to (or as a consequence of):   Due to (or as a consequence of):   Due to (or as a consequence of):   Due to (or as a consequence of):   Due to (or as a consequence of):   Due to (or as a consequence of):   Due to (or as a consequence of):   Due to (or as a consequence of):   Due to (or as a consequence of):   Due to (or as a consequence of):   Due to (or as a consequence of):   Due to (or as a consequence of):   Due to (or as a consequence of):   Due to (or as a consequence of):   Due to (or as a consequence of):   Due to (or as a consequence of):   Due to (or as a consequence of):   Due to (or as a consequence of):   Due to (or as a consequence of):   Due to (or as a consequence of):   Due to (or as a consequence of):   Due to (or as a consequence of):   Due to (or as a consequence of):   Due to (or as a consequence of):   Due to (or as a consequence of):   Due to (or as a consequence of):   Due to (or as a consequence of):   Due to (or as a consequence of):   Due to (or as a consequence of):   Due to (or as a consequence of):   Due to (or as a consequence of):   Due to (or as a consequence of):   Due to (or as a consequence of):   Due to (or as a consequence of):   Due to (or as a consequence of):   Due to (or as a consequence of):   Due to (or as a consequence of):   Due to (or as a consequence of):   Due to (or as a consequence of):   Due to (or as a consequence of):   Due to (or as a consequence of):   Due to (or as a consequence of):   Due to (or as a consequence of):   Due to (or as a consequence of):   Due to (or as a consequence of):   Due to (or as a		hysician		Immediate Cause (Figal	nly one cause on ea	COR	OMP		HOT	DI		DISPA	SF			
Due to (or as a consequence of):    Due to (or as a consequence of):		/Medical			Due to (	or as a quinseq	(uence of):		. 7			170/11		7	- WARS	_
Due to (or as a possequence of):    Due to (or as a possequence of):		xamıner		Sequentially list conditions,	b	HY	PERLI	EN SI	ON						o lens	
FEMALE: 23. Was decodednt pregnant in the past 12 months?   1   23c. If yes, outcome of pregnancy   1   1   23c. If yes, outcome of pregnancy   1   1   23c. If yes, outcome of pregnancy   1   1   23c. If yes, outcome of pregnancy   1   1   23c. If yes, outcome of pregnancy   1   1   23c. If yes, outcome of pregnancy   1   23c. If yes, outcome of pregnancy   1   23c. If yes, outcome of pregnancy   1   23c. If yes, outcome of pregnancy   1   23c. If yes, outcome of pregnancy   1   23c. If yes, outcome of pregnancy   1   23c. If yes, outcome of pregnancy   1   23c. If yes, outcome of pregnancy   1   23c. If yes, outcome of pregnancy   1   23c. If yes, outcome of pregnancy   1   23c. If yes, outcome of pregnancy   1   23c. If yes, outcome of pregnancy   1   23c. If yes, outcome of pregnancy   1   23c. If yes, outcome of pregnancy   1   23c. If yes, outcome of pregnancy   1   23c. If yes, outcome of pregnancy   1   23c. If yes, outcome of pregnancy   1   23c. If yes, outcome of pregnancy   1   23c. If yes, outcome of pregnancy   1   23c. If yes, outcome of pregnancy   1   23c. If yes, outcome of pregnancy   1   23c. If yes, outcome of pregnancy   1   23c. If yes, outcome of pregnancy   1   23c. If yes, outcome of pregnancy   1   23c. If yes, outcome of pregnancy   1   23c. If yes, outcome of pregnancy   1   23c. If yes, outcome of pregnancy   1   23c. If yes, outcome of pregnancy   1   23c. If yes, outcome of pregnancy   1   23c. If yes, outcome of pregnancy   1   23c. If yes, outcome of pregnancy   1   23c. If yes, outcome of pregnancy   1   23c. If yes, outcome of pregnancy   1   23c. If yes, outcome of pregnancy   1   23c. If yes, outcome of pregnancy   1   23c. If yes, outcome of pregnancy   1   23c. If yes outcome of pregnancy   1   23c. If yes, outcome of pregnancy   1   23c. If yes, outcome of pregnancy   1   23c. If yes, outcome of pregnancy   1   23c. If yes, outcome of pregnancy   1   23c. If yes, outcome of pregnancy   1   23c. If yes, outcome of pregnancy   1   23c. If yes, outcome of pregnancy   1   2		nsit	nine	if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	Due to (	or as a conseq	(Uence or):	K	1 ON	DA						
FEMALE: 23. Was decodednt pregnant in the past 12 months?   1   23c. If yes, outcome of pregnancy   1   1   23c. If yes, outcome of pregnancy   1   1   23c. If yes, outcome of pregnancy   1   1   23c. If yes, outcome of pregnancy   1   1   23c. If yes, outcome of pregnancy   1   1   23c. If yes, outcome of pregnancy   1   23c. If yes, outcome of pregnancy   1   23c. If yes, outcome of pregnancy   1   23c. If yes, outcome of pregnancy   1   23c. If yes, outcome of pregnancy   1   23c. If yes, outcome of pregnancy   1   23c. If yes, outcome of pregnancy   1   23c. If yes, outcome of pregnancy   1   23c. If yes, outcome of pregnancy   1   23c. If yes, outcome of pregnancy   1   23c. If yes, outcome of pregnancy   1   23c. If yes, outcome of pregnancy   1   23c. If yes, outcome of pregnancy   1   23c. If yes, outcome of pregnancy   1   23c. If yes, outcome of pregnancy   1   23c. If yes, outcome of pregnancy   1   23c. If yes, outcome of pregnancy   1   23c. If yes, outcome of pregnancy   1   23c. If yes, outcome of pregnancy   1   23c. If yes, outcome of pregnancy   1   23c. If yes, outcome of pregnancy   1   23c. If yes, outcome of pregnancy   1   23c. If yes, outcome of pregnancy   1   23c. If yes, outcome of pregnancy   1   23c. If yes, outcome of pregnancy   1   23c. If yes, outcome of pregnancy   1   23c. If yes, outcome of pregnancy   1   23c. If yes, outcome of pregnancy   1   23c. If yes, outcome of pregnancy   1   23c. If yes, outcome of pregnancy   1   23c. If yes, outcome of pregnancy   1   23c. If yes, outcome of pregnancy   1   23c. If yes, outcome of pregnancy   1   23c. If yes, outcome of pregnancy   1   23c. If yes, outcome of pregnancy   1   23c. If yes, outcome of pregnancy   1   23c. If yes outcome of pregnancy   1   23c. If yes, outcome of pregnancy   1   23c. If yes, outcome of pregnancy   1   23c. If yes, outcome of pregnancy   1   23c. If yes, outcome of pregnancy   1   23c. If yes, outcome of pregnancy   1   23c. If yes, outcome of pregnancy   1   23c. If yes, outcome of pregnancy   1   2	0/	axecut and al-trar	xan	that initiated events	c	or as a conseq	juence of):	1	1170	رار						_
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  23e. Did tobacco use contribute to the cause of death?  1   Yes 2   No 3   Derobably 4   Unknown  24a. Was an autopsy findings available prior to completion of cause of graph and autopsy findings available prior to completion of cause of graph and autopsy findings available prior to completion of cause of graph and autopsy findings available prior to completion of cause of graph and autopsy findings available prior to completion of cause of graph and autopsy findings available prior to completion of cause of graph and autopsy findings available prior to completion of cause of graph and autopsy findings available prior to completion of cause of graph and autopsy findings available prior to completion of cause of graph and autopsy findings available prior to completion of cause of graph and autopsy findings available prior to completion of cause of graph and autopsy findings available prior to completion of cause of graph and autopsy findings available prior to completion of cause of graph and autopsy findings available prior to completion of cause of graph and autopsy findings available prior to completion of cause of graph and autopsy findings available prior to completion of cause of graph and autopsy findings available prior to completion of cause of graph and autopsy findings available prior to completion of cause of graph and autopsy findings available prior to completion of cause of graph and autopsy findings available prior to completion of cause of graph and autopsy findings available prior to completion of cause of graph and autopsy findings available prior to completion of cause of graph and autopsy findings available prior to completion of cause of graph and autopsy findings available prior to completion of cause of graph and autopsy findings available prior to completion of cause of graph and autopsy findings available prior to completion of cause of graph and autopsy findings avail	2	siciar siciar burii			d	HTH	PERLI	1000	MIA							
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  23e. Did tobacco use contribute to the cause of death?  1   Yes 2   No 3   Derobably 4   Unknown  24a. Was an autopsy findings available prior to completion of cause of graph and autopsy findings available prior to completion of cause of graph and autopsy findings available prior to completion of cause of graph and autopsy findings available prior to completion of cause of graph and autopsy findings available prior to completion of cause of graph and autopsy findings available prior to completion of cause of graph and autopsy findings available prior to completion of cause of graph and autopsy findings available prior to completion of cause of graph and autopsy findings available prior to completion of cause of graph and autopsy findings available prior to completion of cause of graph and autopsy findings available prior to completion of cause of graph and autopsy findings available prior to completion of cause of graph and autopsy findings available prior to completion of cause of graph and autopsy findings available prior to completion of cause of graph and autopsy findings available prior to completion of cause of graph and autopsy findings available prior to completion of cause of graph and autopsy findings available prior to completion of cause of graph and autopsy findings available prior to completion of cause of graph and autopsy findings available prior to completion of cause of graph and autopsy findings available prior to completion of cause of graph and autopsy findings available prior to completion of cause of graph and autopsy findings available prior to completion of cause of graph and autopsy findings available prior to completion of cause of graph and autopsy findings available prior to completion of cause of graph and autopsy findings available prior to completion of cause of graph and autopsy findings available prior to completion of cause of graph and autopsy findings avail	0	inicati g phy as the						•			·					_
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  23e. Did tobacco use contribute to the cause of death?  1   Yes 2   No 3   Derobably 4   Unknown  24a. Was an autopsy findings available prior to completion of cause of graph and autopsy findings available prior to completion of cause of graph and autopsy findings available prior to completion of cause of graph and autopsy findings available prior to completion of cause of graph and autopsy findings available prior to completion of cause of graph and autopsy findings available prior to completion of cause of graph and autopsy findings available prior to completion of cause of graph and autopsy findings available prior to completion of cause of graph and autopsy findings available prior to completion of cause of graph and autopsy findings available prior to completion of cause of graph and autopsy findings available prior to completion of cause of graph and autopsy findings available prior to completion of cause of graph and autopsy findings available prior to completion of cause of graph and autopsy findings available prior to completion of cause of graph and autopsy findings available prior to completion of cause of graph and autopsy findings available prior to completion of cause of graph and autopsy findings available prior to completion of cause of graph and autopsy findings available prior to completion of cause of graph and autopsy findings available prior to completion of cause of graph and autopsy findings available prior to completion of cause of graph and autopsy findings available prior to completion of cause of graph and autopsy findings available prior to completion of cause of graph and autopsy findings available prior to completion of cause of graph and autopsy findings available prior to completion of cause of graph and autopsy findings available prior to completion of cause of graph and autopsy findings available prior to completion of cause of graph and autopsy findings avail	Š	in cer endin r use	an/N	23b. Was decedent pregnant				Ectopic pr	egnancy							
25. Was case referred to medical examiner?  1		e deal he att	sicia	1 ☐ Yes 2 ☐ No	4☐Pregna	ant at time of d							Month	Di	ay Year	
25. Was case referred to medical examiner?  1		d by t	Phy	_	s contributing to de	ath hut not res	sulting in the u	nderlying c	ausa aive	an in Part I		23e Did to	phacco use contribu	te to the	cause of death?	_
25. Was case referred to medical examiner?  1	'n.	signe d be d		Tallit. Other signmount condition	5 commoding to do		oning in the u	naenying o	ausu give	or are a	•					
25. Was case referred to medical examiner?  1	Ö	v requ been shoul	ete		-							24a Was	an 24h Wer	e autons	v findings available	
25. Was case referred to medical examiner?  1	֝֞֝֟֝֝֟֝֝֟֝֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	ne lav e has age 2	ш									autop perfo	rmed? prior deal	r to comp th?	oletion of cause of	
29a. Certifier (Check only one)  29a. Certifier (Check only one)  29b. Signature and Me of certifier and manner stated.  29b. Signature and Me of certifier (Specify)  30. Name and addyless of person who completed cause of death (Item 23a) (Type, Print)  State  28f. Location (Street and Number or Rural Route Number, City or Town, State)  28f. Location (Street and Number or Rural Route Number, City or Town, State)  28f. Location (Street and Number or Rural Route Number, City or Town, State)  28f. Location (Street and Number or Rural Route Number, City or Town, State)  28f. Location (Street and Number or Rural Route Number, City or Town, State)  29g. Certifier (Check only one)  29g. Certifier (Check only one)  29g. Date signed (Month, Day, Year)  29b. Signature and Me of certifier  29c. License number  29d. Date signed (Month, Day, Year)  30. Name and addyless of person who completed cause of death (Item 23a) (Type, Print)  29d. Date filed (Month, Day, Year)  31. Date filed (Month, Day, Year)  32 Megistrar's Signature		en: I	0	25. Was case referred to medical						26. Place	of Death			Yes 2	No	
29a. Certifier (Check only one)  29a. Certifier (Check only one)  29b. Signature and Me of certifier and manner stated.  29b. Signature and Me of certifier (Specify)  30. Name and addyless of person who completed cause of death (Item 23a) (Type, Print)  State  28f. Location (Street and Number or Rural Route Number, City or Town, State)  28f. Location (Street and Number or Rural Route Number, City or Town, State)  28f. Location (Street and Number or Rural Route Number, City or Town, State)  28f. Location (Street and Number or Rural Route Number, City or Town, State)  28f. Location (Street and Number or Rural Route Number, City or Town, State)  29g. Certifier (Check only one)  29g. Certifier (Check only one)  29g. Date signed (Month, Day, Year)  29b. Signature and Me of certifier  29c. License number  29d. Date signed (Month, Day, Year)  30. Name and addyless of person who completed cause of death (Item 23a) (Type, Print)  29d. Date filed (Month, Day, Year)  31. Date filed (Month, Day, Year)  32 Megistrar's Signature	> :	ysici is cer direct	0		Hospital: 1 🗆 Ir	npatient 2	ER/Outpatier	nt 3 DC	Othe	er: 4 □ Nu	ursing Hor	ne 5 Resid	lence 6 Other (	Specify)		
29a. Certifier (Check only one)  29a. Certifier (Check only one)  29b. Signature and Me of certifier and manner stated.  29b. Signature and Me of certifier (Specify)  30. Name and addyless of person who completed cause of death (Item 23a) (Type, Print)  State  28f. Location (Street and Number or Rural Route Number, City or Town, State)  28f. Location (Street and Number or Rural Route Number, City or Town, State)  28f. Location (Street and Number or Rural Route Number, City or Town, State)  28f. Location (Street and Number or Rural Route Number, City or Town, State)  28f. Location (Street and Number or Rural Route Number, City or Town, State)  29g. Certifier (Check only one)  29g. Certifier (Check only one)  29g. Date signed (Month, Day, Year)  29b. Signature and Me of certifier  29c. License number  29d. Date signed (Month, Day, Year)  30. Name and addyless of person who completed cause of death (Item 23a) (Type, Print)  29d. Date filed (Month, Day, Year)  31. Date filed (Month, Day, Year)  32 Megistrar's Signature	0 i	ng Pri fter th neral			28a. Date of (Montal)	of Injury h, Day Year)		2	8c. Injury Work	at c?	2	28d. Describe h	now injury occurred			
29a. Certifier (Check only one)  29a. Certifier (Check only one)  29b. Signature and Me of certifier (Check only one)  29b. Signature and Me of certifier (Check only one)  30. Name and addyess of person who completed cause of death (Item 23a) (Type, Print)  State  29a. Certifier (Check only one)  29b. Signature and Me of certifier (Check only one)  29c. License number (Check only one)  29d. Date signed (Month, Day, Year)  29d. Date signed (Month, Day, Year)  30. Name and addyess of person who completed cause of death (Item 23a) (Type, Print)  State  31. Date filed (Month, Day, Year)  32. Megistrar's Signature	2	rendi leath. Ior: A the fu	catl	2 Accident investiga	t he					Yes 2□						
29a. Certifier (Check only one)  29a. Certifier (Check only one)  29b. Signature and Me of certifier (Check only one)  29b. Signature and Me of certifier (Check only one)  30. Name and addyess of person who completed cause of death (Item 23a) (Type, Print)  State  29a. Certifier (Check only one)  29b. Signature and Me of certifier (Check only one)  29c. License number (Check only one)  29d. Date signed (Month, Day, Year)  29d. Date signed (Month, Day, Year)  30. Name and addyess of person who completed cause of death (Item 23a) (Type, Print)  State  31. Date filed (Month, Day, Year)  32. Megistrar's Signature	<u> </u>	or At after d Direct in by	irtifl	dotormin	ad 280. Place	of Injury - At hing, etc. (Specif	ome, tarm, str fy)	eet, factory	, office		4			r Rural F	loute Number,	
30. Name and addless of person who completed cause of death (Item 23a) (Type, Print)  1205  State  290. Signature and nie of certifier  290. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's f		spital		29a. Certifier 1 Certifying	Physician: To the	best of my kno	owledge, deatl	n occurred	at the tim	ne, date an	nd place, a	and due to the	cause(s) and manne	er as state	ed.	-
30. Name and addless of person who completed cause of death (Item 23a) (Type, Print)  1205  State  290. Signature and nie of certifier  290. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's finding in 220. Elden's f		ne Ho n 24 h ne Fui bletely	edic	(Check only 2 ☐ Medical E.			ation and/or in	vestigation	, in my op	oinion, dea	ath occurre	ed at the time,	date and place, and	due to th	ie cause(s)	
State 31. Date filed (Month, Pay, Year) 32. Registrar's Signature		To the within To the comp	Σ	29b. Signature and Me of certifier	011						100		29d. Date signed (N	fonth, Da	y, Year)	
State 31. Date filed (Month, Pay, Year) 32. Registrar's Signature		11		1 Yozeph	Jallon	A /	1.0,		100	7/6	70		replant	22	\$,2006	
State 31. Date filed (Month, Pay, Year) 32. Registrar's Signature		107		30. Name and address of person w			п 23а) (Туре, S U	Print)	30		LU	THERV	ille,	MI	1 21093	,
				31. Date filed (Month, Day, Year)	32	7	ature	rank	,			1				

			1 - State Amend Item 2	State of Mar 23a per Dr	ryland / Depa -, <b>C860, 1</b> 0	rtment of L 203/06dhh tilicaie oi	lealth and N <i>Death</i>	fental Hygi Rei	ene 200	6 31200
	Physici /Medic		1. Decedent's Name (First, Middle, Last) Saria	Mone	Dowt	in		2. Date of Death September	er ^{Day} 11, 200	3. Time of Death 1636 M
	Examin		4a. Facility Name (If not institution, give s Civista Medica			4b. City, Town, or LaPlata	r Location of Death a		4c. County of Dea Charles	th
	Funeral Director		5. Social Security Number 6. Sey N/A		(In yrs. last birthday)  /A Yrs.	If Under 1 Year Months Days	If Under 24 Hrs. Hours Min. 1 27	8. Date of Birth (Month, Day, Sept. 1)	(ear) 9. Bir Co , 2006 Ma	nthplace (State or Foreign ountry)
	/land low		Usual Residence of Decedent  10a. State 10b. County		10c. City, Town or Lo	cation				10d. Inside City Limits
	Be-f st	Director	Maryland Charles		Hugh	esville				1 ☐ Yes 2 No
	3e or 2		10e. Street and Number 15590 Oak Glen Ci	rc1e		10f. Zip Code 2063	37	10	g. Citizen of What Co. U.S.A.	,
920	72 hours after death with the Maryland naturel; or Iteme 23e or 28e-f show pical Examirat must be natilised at	by Funeral	11. Marital Status  1 X Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	12. Was Decedent Ev Amed Forces? 1 ☐ Yes 2 1 No If Yes, Give Year or Dates:	)	Vas Decedent of H f Yes, specify Cuba	lispanic Origin? (Sp an, Mexican, Puerto Specify:	ecify Yes or No- Rican, etc.)	14. Race - Ame Black, Whi At	
Maryland 21215-0036	naturel	Completed	15. Decedent's Edu (Specify only highest grade		(Give	lent's Usual Occup kind of work done	during most of work	ding 10	6b. Kind of Business	/Industry
121	withir ene. then	dwo	Elementary/Secondary (0-12)	College (1-4or 5+	)	OO NOT use retired <b>/A</b>	3)	N	I/A	
pu	be filed stal Hygi of other event, I	Be	17. Father's Name (First, Middle, Last)	-				e (First, Middle, Ma		
ryla	Men Men arke	ဥ	Willie R. Dowtin	na Print)	19h Mailir	n Address (Street	·		City or Town, State,	Zin Code)
Ma	12 h a 7 k		Willie & Stephanie	(Parei	nts)	_			ille. MD	
Baltimore,	8 0		20a. Method of Disposition 1 ☐ Burial 2 ② Cremation 3 ☐ F 4 ☐ Donation 5 ☐ Other (Specify)	lemoval from State	20b. Place of Dispo cemetery, cren Lee Cre	sition (Name of natory or other place matory S	ept 16, 2	2006 C	Co. Location - City or Clinton, M	Town, State
Balt	permit. Page Department of Important: If eny injury or		21. Signature of Funeral Service Lipens	////	00153 6	. Name and Addres	^{ss of Facility} Le Alexandria	e Funeral a FerryRo	Home, In	c. n, MD 20735
	Physician /Medical Examiner		23a. Part1. Enter the disease, or compl shock, or heart failure. List only or Immediate Cause (Final disease or condition resulting in death)	Cardio Cardio Cardiac Due to (or as a	Respirate Arrest consequence of):	ory Arres	st	or respiratory arres	it,	Approximate Interval Between Onset and Death
60,	be executed cien and ourial-transit	al Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	Due to (or as a Age	ble/22 we consequence of):	ek gestat	.TOII			
68760,	- VI	edical		1						
.O. Box	The law requires that the death certifiate has been signed by the attending tage 2 should be detached for use as	Physician/M	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 □ Yes 2 N No 9 □ Unknown	3c. If yes, outcome of 1□Live birth 2 4□Pregnant at ti 9□ Unknown	Fetal death 3	Ectopic pregnancy Other (specify)	,		23d. Date of de Month	livery Day Year
<u>α</u>	quires that the de in signed by the uld be detached	þ	Part II. Other significant conditions con	ntributing to death but	not resulting in the u	nderlying cause giv	en in Part I.	23e. Did toba		o the cause of death?
of Vital Records,		Completed						24a. Was an autopsy performe	prior to	utopsy findings available completion of cause of
Vit	Physician: Th r this certificate ral director, pag	o Be	25. Was case referred to medical examiner?  1 Yes 2 No	lospital:	t 2 ER/Outpatien	t 3 DOA Oth	25	h Check only one	ce 6 □Other (Spe	aciful
	ding Phy h. After this funeral c	<del> </del>	27. Manner of Death 1 Natural 5 Pending	28a. Date of Injury (Month, Day	28b. Time of	28c. Injun	y at	28d. Describe how		schyj
Division	teath feath tor: the	Certification;	2 Accident investigation 3 Suicide 6 Could not be determined	28e. Place of Injur building, etc.	y - At home, farm, str (Specify)		Yes 2 □ No	28f. Location (Stre City or Town,	et and Number or R State)	ural Route Number,
۵	Hospital 4 hours Funeral tely filled	edical Ce	29a. Certifier 1 Certifying Physical Check only one) 1 Medical Exami	sician: To the best of ner: On the basis of e and manner state	xamination and/or in	occurred at the ting	ne, date and place, pinion, death occur	and due to the cau	se(s) and manner a e and place, and due	s stated. e to the cause(s)
	vithin 2 To the	Me	29b. Signature and title of certifier	and mainer state		29c. Licens	e number	296	d. Date signed (Mon	th, Day, Year)
	5			Pediation	. ~	D	0004492		911810	6
	2)		30. Name and address of person who co	tek. M	D. 7011	Print) E, Charl	les St.	LaPla	ata, MI	.20646
	Sta Registi		31. Date filed (Month, Day, Year) 00103 2006	32. Hegistrar	's Signature	7				

			For	State	of Mary				ealth and N	lental Hyg	iene			
			1 - State Registrar			Ce	ertificate	of L	)eath		g. No.	2006	3 2 0	L
	Physicia	an	Decedent's Name (First, Middle	e, Last)						2. Date of Deat Month	h Day	Year	3. Time of Death	
	/Medic					Derrick	1			Octobe			5:00 AM ^M	
	Examin	er	4a. Facility Name (If not institution				4b. City, T	own, or	Location of Death		4c. Co	unty of Death		
			5. Social Security Number	<u>felwood R</u>		n yrs. last birthda	/) If Under 1	l Year	20817 If Under 24 Hrs.	8. Date of Birth			gomery place (State or Foreign	_
	Funeral Director		578-58-6608	1. MM 2□F	6 Age (#	- Vre		Days	Hours Min.	June 25	Year)	Cou	ington, D.C	
			Usual Residence of Decedent		0	<u> </u>				Dune 20,	174.	Wasii	ingcon, D.o	•
	yland		10a. State 10b. County		10	Oc. City, Town or I	ocation						10d. Inside City Limits	
	a-f s	cto	Maryland Mon	tgomery				В	ethesda				1 ☐ Yes 2 🔯 No	
	or 28	Director	10e. Street and Number				10f. Zip (	Code		1	0g. Citizer	of What Cou	ntry?	
	23a	rai	8901 N	Melwood R					20817				States	_
	teme	Funerai	11. Marital Status	12. Was Dec Armed F	orces?	or in U.S. 13	. Was Decede If Yes, speci	ent of Hi fy Cuba	spanic Origin? (Sp n, Mexican, Puerto	ecify Yes or No- Rican, etc.)	14.	Race - Ameri Black, White,		
20	s afte	by F	1 ☐ Never Married 2 ☒ Married 3 ☐ Widowed 4 ☐ Divorced	ned 1 ∏ Yes If Yes, G Year or 0	2∭ No ive		1 ☐ Yes 2	X No	Specify:		Sp	ecify:	n	
3	hour furai			t's Education	Jaies.	16a Dec	edent's Usual	Occupa	ation		16b. Kind	of Business/In	√hite	_
Ò	in 72	piet	(Specify only highes	st grade completed,		(Giv	e kind of work DO NOT use	k done a	luring most of work	ing			,	
7	l with piene.	Completed	Elementary/Secondary (0-12)	2	(1-4or 5+)	E	lectri	ca1	Contract	or		Elect	cical	
2	be filed within 72 hours after death with the Maryland ital Hygiene. Id other then "natural, or iteme 23a or 28a-f show event, the Madical Examinar must be notified at	BeC	17. Father's Name (First, Middle,	Last)					18. Mother's Nam		Maiden Su	mame)		
ō	Aenta Aenta rked ttc ev	To E	Jol	nn Martin	Derr	ick				Audrey	Mae	Robey		
2	2 should be filed within 72 hours after death with the Marylan n and Mental Hygiene. * Is marked other then "natural", or Iteme 23e or 28e-f show reumatic event, the Medical Examinar must be notified at	(g - )	19a. Informant's Name/Relations	hip (Type, Print)		19b. Ma	ling Address (	(Street a	and Number or Rui	al Route Number	City or To	own, State, Zij	Code)	
Ž.		0.0	Shirley Mills	Derrick					d Road Be					
OLE	of H if iten	1 1	20a. Method of Disposition 1 ☐ Burial 2 🕅 Cremation	3 □Removal from	i	20b. Place of Disp cemetery, cr	oosition (Name Omatory or oth tgomer	e of her place	e) 00t		20c. Locat	tion - City or T	own, State	
	Pag Imeni Iant: jury		4 ☐ Donation 5 ☐ Other (S			Cremat	OFTIIM	Inc.		2006	Bet!	hesda,1	Maryland	
מ	permit. Pages 1 end Department of Heath Important: If Item 2 eny injury or other ance.		21. Signature of Filneral Service	Licensee	мо	0335 E	22. Name and ethesd ethesd	a-Ch a, N	is of Facility ROE nevy Chas Maryland	ert A. 1 se. Inc. 20814-35	7557 7557	rey Fun Wiscon	neral Home/ nsin Avenue	
ı			23a. Part1. Enter the disease, or shock, or heart failure. List	complications that	caused the								Approximate Interval Between	1
	Physician		Immediate Cause (Final disease or condition			Cancer							Onset and Death	
	/Medical		resulting in death)	M		onsequence of):								1
	Examiner		Sequentially list conditions,	b										
	B /V #	iner	if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	Due to	(or as a co	onsequence of):						-		1
	and?	Examiner	that initiated events resulting in death) Last	c. Due to	(or as a co	onsequence of):						-		ł
5	The law requires that the death certificate be executed ate has been signed by the attending physician and exage 2 should be detached for use as the burial-transit	표			(							- 1		1
20	icate phys s the	edicai		d						-				
×	certif ding se as	/Me	IF FEMALE: 23b. Was decedent pregnant	23c. If yes, or	utcome of p						23d	I. Date of deliv	erv	
Ď	death certific attending p	Physician/M	in the past 12 months?	4☐Preg	nant at tim		☐Ectopic pre ☐ Other (spe					Month	Day Year	1
į	w requires that the de been signed by the s should be detached	hys	9 Unknown	9□ Unki	nown									
L	s thai	by P	Part II. Other significant condition	ons contributing to	death but n	ot resulting in the	underlying ca	use give	en in Part I.	23e. Did tot	acco use	contribute to t	he cause of death?	
Splos	equire en sig									1 🗆 Y e	s 2 🗆 N	No 3 ☐ Pro	bably 4 ∏Unknown	
Ŧ.	law re as be 2 sho	Completed								24a. Was a autops		24b. Were auto	opsy findings available empletion of cause of	
Č	The ste ha	mo;								perform	ned? 2⊠ No	death? 1 ☐ Yes		ŀ
	sicien: The law certificete has t irector, page 2 s	Be (	25. Was case referred to medica examiner?						26. Place of Dea	h (Check only on				1
5	hysic his ca	၉	1 ☐ Yes 2 📉 No	-	Inpatient	2 ER/Outpati			4   Nursing Fig	me 5 X Reside			(y)	
	ing P	ù O	27. Manner of Death 1 X Natural 5 ☐ Pendin	9	of Injury nth, Day Ye	ear) 28b. Time Injury		Bc. Injury Work		28d. Describe ho	w injury o	ccurred		
S	death death stor:	icat	2 Accident investig	not be 380 Blac	e of Injuny	- At home, farm,	M frank franke		Yes 2 □ No	28f Location /St	reet and A	lumber or Rus	al Route Number,	-
DIVISION	i or A efter Direction by	Certification;	4 Homicide determ	ined build	ding, etc. (S	Specify)	street, ractory,	Office		City or Town	, State)	amber of trai	ar riodie reamoer,	
	spita nours nerei	70	29a. Certifier 1 ☐ Certifyir	ng Physician: To th	ne best of m	ny knowledge, de	ath occurred a	at the tim	ie, date and place,	and due to the ca	ause(s) an	d manner as s	stated.	-
	To the Hospital or Attending Physicien: The I within 24 hours efter death. To the Funerel Director: After this certificate ha completely filled in by the funeral director, page	edic	(Check only 2 Medical one)	Examiner: On the and ma	basis of ex nner stated	amination and/or 1.	investigation,	in my of	oinion, death occur	red at the time, d	ate and pla	ace, and due t	o the cause(s)	
	To Tech	Σ	29b. Signature and title of certifie	'h-			29c.	License	number	2	9d. Date s	igned (Month,	Day, Year)	
1			40	1	)_	=			DC19655		0	ctober	2, 2006	
	12		30. Name and address of person					. 1 -	1 ** ** *	•		00007	0110	
	Sta	to	John L. Marsh 31. Date filed (Month, Day, Year)	1all, M.D	・ <u> </u>	U KESETV Signature	10r KO	ad I	www. Wash	ington,	<u>р.С.</u>	Z000/-	-2113	-
22	Sta Registr		OCT O	3 2006	Made LAGE	JA A	Some of	•						
			UU LV											۷

			1 - For State Registrar	State of Marylar		artment rtificate			nd Ment	al Hygiene Reg. No	200	6 31202
ı	Physici /Medi		Decedent's Name (First, Middle, Last)     CATHERINE ANN	EVANS					Me	nte of Death onth Da ptember		3. Time of Death  6 03:40 a M
	Examir		4a. Facility Name (If not institution, give st GREATER BALTIMORE		red Ted	4b. City, TOWS		Location of		40	. County of Dea	ath
	Funeral Director		5. Social Security Number 6. Sex 225-46-4909 1□	7. Age (In yrs.		If Under Months		If Under 2 Hours		ate of Birth Jonth Day, Year)	9. Bir	thplace (State or Foreign ountry) SHINGTON, D.
	Maryland a-f ehow	tor	Usual Residence of Decedent		ty, Town or Lo							10d. Inside City Limits 1 ☐ Yes 2 ☑ No
	3e or 28	Funeral Director	10e. Street and Number 1025 WISEBURG R	D		10f. Zip	Code 211	161			tizen of What C	ountry?
5-0036	be filed within 72 hours after death with the Maryland that hygiene. od other then "naturel", or iteme 23e or 28e-f ehow event, tra Medical Exaria per must be routiled at	þ	11. Marital Status  1 Never Married 2 Married  3 Widowed 4 Divorced	2. Was Decedent Ever in U Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates:		Was Deced If Yes, spec	17.	spanic Orig n, Mexican, Specify:	jin? (Specify Y Puerto Rican,	es or No- etc.)	14. Race - Am- Black, Whi Specify: WH	te, etc.
21215-0	- 100	Completed	15. Decedent's Educ (Specify only highest grade Elementary/Secondary (0-12) 12YRS	ation completed) College (1-4or 5+)	(Give	dent's Usua kind of wor DO NOT us EWIF:	k done d e retired	furina most	of working		ind of Business	
Maryland	2 should be filed withir and Mental Hygiene. ie marked other then aumatic event, I.a.Ms	To Be C	17. Father's Name (First, Middle, Last)  LOUIS J. CASSID					MARY	FRAN			
	and ealth m 27		19a. Informant's Name/Relationship (Type CATHLEEN CAUSEY (	DAUGHTER)	1912	COR	BRI		LANE M	ONKTON	,MD. 2	1111.
altimore,	000-		20a. Method of Disposition 1	moval from State MT	Place of Disponentery, created COM	matory or ot IFORT	ther plac	10		06 ALE		A, VA.
) Ba	permit. Pag Depertment important: i any injury o		21. Signature of Funeral Service License	well	H H 1	2. Name and ENRY 6924	d Addres W • YO]	of Facility JENK RK RI	KINS & MONK	SONS TON, MD	co. 2111	1.
	Pnysician /Medical		23a. Par11. Enter the disease, or complic shock, or heart failure. List only one Immediate Cause (Final disease or condition resulting in death)	ations that caused the deated acause on each line.  SEVER  Due to (or as a consequence)	E SE		_	g, such as c	cardiac or respi	iratory arrest,		Approximate Interval Between Onset and Death
8760,	be executed sicien and purial-transit	al Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	Due to (or as a consequence to (or as a consequence)	uence of):	DUC						
P.O. Box 687	The law requires that the death certificate be executed ste been signed by the attending physicien and bage 2 should be detached for use as the burial-transit	Physician/Medical	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 □ Yes 2 □ No 9 □ Unknown	c. If yes, outcome of pregni 1 Live birth 2 Feta 4 Pregnant at time of d 9 Unknown	I death 3	Ectopic pre					23d. Date of de Month	livery Day Year
	quires that the signed by ald be detacted	þ	Part II. Other significant conditions cont Budeyem(A	nbuting to death but not res	ulting in the u	inderlying ca	ause give	en in Part I.	23			o the cause of death?
of Vital Records,		Completed	rehal fuil	Failur	6				1[	a. Was an autopsy performed? ☐ Yes 2 No	prior to death?	utopsy findings available completion of cause of
Ţ	Z . w . D	To Be	25. Was case referred to edical examiner?  1  Yes 2 No	spital: 1 Inpatient 2	ER/Outpatier	nt 3 DO	A Othe		of Death (Chec sing Home 5	ck only one) ☐ Residence	6 □Other (Spe	ecify)
	anding tath. or: After ne fune		27. Manner of eath  1 Autural 5 Pending 2 Accident investigation	28a. Date of Injury (Month, Day Year)	28b. Time o Injury	f 28	Bc. Injury Work	at ? ∕es 2 □ N		escribe how inju	ry occurred	
Division	ital or Attend rs after death rai Director: ,	Certification;	3 ☐ Suicide 6 ☐ Could not be 4 ☐ Homicide determined	28e. Place of Injury - At he building, etc. (Specif	ome, farm, str y)	reet, factory,	, office		28f. Lo Cit	cation (Street an ty or Town, State	nd Number or R 9)	ural Route Number,
	To the Hospital or Atti within 24 hours after de To the Funeral Directo completely filled in by ti	Medical	one)	cian: To the best of my knows: On the basis of examina and manner stated.	wiedge, deati	vestigation,	in my op	inion, death	place, and du	he time, date and	d place, and due	e to the cause(s)
)	To the To the comple	2	29b. Signature and title of certifier  Machilles	chwust.				number 472	8	1	te signed (Mont	
F	)		30. Name and address of person who con	chounts	MM	Print)	35	N.C	charle	es5+.	Stesso	12006 TOUSON, MB
	Sta Registr		31. Date filed (Month, Day, Year)	32. Registrar's Signa	ature	2						21304

			1 - For Stata Registrar	State of Mary	land / Depa <i>Cei</i>	artment of H	ealth and I Death	Mental Hygi	iene 200	6 31203
			1. Decedent's Name (First, Middle, Las	st)				2. Date of Death	1	3. Time of Death
	Physici		Philip W E	Endlich				Septembe	Day Yee 27 200	. U . ( ) / n
).	/Medic Examin		4a. Facility Name (If not institution, give	e street and number)		4b. City, Town, or	Location of Deatl		4c. County of De	ath
			Johns Hopkins H	Bayview Geri	atric Ct:	Ba.	ltimore	City		N/A
	Funeral		Social Security Number     6. S	ex 7. Age (In	yrs. last birthday)	If Under 1 Year Months Days	If Under 24 Hrs. Hours Min.	8. Date of Birth (Month, Day,	Year) 9. B	irthplace (State or Foreign Country)
	Director		213-07-5035	LXM 2LIF	89 Yrs.	,-		July 27		aryland
	and w		Usual Residence of Decedent  10a. State 10b. County	10	c. City, Town or Lo	cation				10d. Inside City Limits
	Aaryl r sho	ō	Maryland Bal	ltimore	•			Dundalk		1 ☐ Yes 2X No
	28e-	Director	10e. Street and Number			10f. Zip Code		10	g. Citizen of What (	Country?
	Mith Ba or		1605 Leslie Ro	oad			21	222	United	
	ms 2;	Funerai	11. Marital Status	12. Was Decedent Ever		Was Decedent of Hi	spanic Origin? (S	pecify Yes or No-		nerican Indian,
မ	or Ite		1 Never Married 2 Married	Armed Forces? 1 XYes 2 No		f Yes, specify Cubai		o Rican, etc.)	Black, Wh	nite, etc.
8	rel', c	l by	30XWidowed 4 □ Divorced	If Yes, Give Year or Dates: W	WII	1 ☐ Yes <b>2</b> (3xNo	Specify:		Specify:	White
21215-0036	within 72 hours after death with the Maryland ene. then "naturel", or items 23a or 28e-1 show the Medical Exercites must be notified at	Completed	15. Decedent's Ed (Specify only highest gra			lent's Usual Occupa		rkina 1	6b. Kind of Busines	s/Industry
7	ithin Jen	npi	Elementary/Secondary (0-12)	College (1-4or 5+)	life. L	DO NOT use retired;	)			ghouse Corp.
2	be filed within 72 hours after death with the Marylan Ital Hygiene. Id other then "naturel", or Items 23a or 28e-f show event, it a medical Evantian medite or clilled at		8 Years			Welder	10 Matheda Na	(First Middle A	Welding	1
and	be fi	Be						ne (First, Middle, M		
ž	2 should be I and Mental I le marked o reumatic eve	안	Philip Endlich  19a. Informant's Name/Relationship (		10h Mailie	Address (Street o		nnie Meih		Tie Contail
Maryland	d 2 si th an 7 le r treur		Lorraine Krawczy	** '		5 Leslie		ndalk, Ma	City or Town, State,	21222
	is 1 and 2 should by Health and Meritem 27 le marke other treumatic		20a. Method of Disposition		Ob. Place of Dispo	sition (Name of			Oc. Location - City of	
non	ages ant of t: If it		1 ☑ Burial 2 ☐ Cremation 3 ☐ 4 ☐ Dopation 5 ☑ Other (Specific			natory or other place				e, Maryland
Baltimore,	permit. Pages 'Department of H Importent: If ite eny injury or ot	Ιď	21. Sign ture Freral Serve Licer		1 1 22	Cemetery  Name and Addres	s of Facility			-
B	Depar Impo eny ir		1 Mel m	1 Fral	$M = \frac{1}{2}$	Duda-Ruck 1922 Wis <b>e</b>	Funeral	. Home of undalk. M	Dundalk,	Inc. 21222
			23a. Part1. Enter the disease, or com shock, or heart failure. List only	plications that caused the	-					Approximate
	Pnysician	0 15	Immediate Cause (Final disease or condition	one cause on each line.	1	assid	+			Interval Between Onset and Death
	/Medical		resulting in death)	a Due to (or as a co		, audin	evi			
Е	Examiner		Cognoptially list conditions	Denery	Lia					
	ъ N =	iner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated expects)	Due to (or as a co	nsequence of):					
	ecute and trans	Examiner	Cause (Disease or injury that initiated events resulting in death) Last	C						
8760,	the death certificate be executed y the attending physician and ciched for use as the burial-transit		,	Due to (or as a co	risaquarica or).					
387	physic steels	dicai		d						
9 X	aath certifi attending   for use as	/Me	IF FEMALE:	23c. If yes, outcome of p	regnancy				23d. Date of d	olivon
Вох	atter f for u	ciar	23b. Was decedent pregnant in the past 12 months?	1 ☐ Live birth 2 ☐ 4 ☐ Pregnant at time	Fetel death 3 [	Ectopic pregnancy Other (specify)			Month Month	Day Year
P.O.	that the de ed by the detached	Physician/Me	1 ☐ Yes 2 ☐ No 9 ☐ Unknown	9□ Unknown						
		by PI	Part II. Other significant conditions of	ontributing to death but no	ot resulting in the ur	ndertying cause give	n in Part I.	23e. Did toba	acco use contribute	to the cause of death?
rds	w require been sig should b							1 🗌 Yes	s 2□No 3□F	Probably 4 Unknown
Records,	law requires as been sign 2 should be	Completed						24a. Was an	24b. Were a	autopsy findings available
	9 7 9	E O						autopsy perform 1 Yes 2	ed? death?	completion of cause of
Vital	sicien: Th certificate rector, pag	Be C	25. Was case referred to medical				26. Place of Dea	th (Check only one		
<u>_</u>	dis ys	To	examiner? 1 ☐ Yes 2 📆 No	Hospital: 1 ☐ Inpatient	2 ER/Outpatien	t 3 DOA Othe	r: 4 ☐ Nursing H	ome 5 Resider	nce <b>5</b> XOther (Sp	J. H. Fav
n of			27. Manner of Death 1 Manner of Death 5 ☐ Pending	28a. Date of Injury (Month, Day Ye	ar) 28b. Time of Injury	28c. Injury Work	at	28d. Describe how		
sio	Attending r death. sctor: After by the fune	cati	2 ☐ Accident investigation 3 ☐ Suicide 6 ☐ Could not be	9			′es 2 □ No			
Division	l or Attencatter death Director:	Certification:	4 Homicide determined	28e. Place of Injury - building, etc. (S	At home, farm, stre pecify)	eet, factory, office		28f. Location (Stre City or Town,	eet and Number or F State)	Rura I Route Number,
	Hospitel of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sa		29a. Certifier 127 Certifying Ph	veicien: To the best of m	u knowledge, death		a data and place	mad due to the con-		
	Hos 24 ho Fun etely	edicai	(Check only 2 Medicel Exam	ysicien: To the best of mainer: On the basis of exa and manner stated.	mination and/or inv	estigation, in my op	e, date and place inion, death occu	rred at the time, da	use(s) and manner a te and place, and du	ie to the cause(s)
	To the Hospitel or At within 24 hours after or To the Funerel Direct completely filled in by	Me	29b. Signature and title of certifier			29c. License			d. Date signed (Mor	
	- > - 0		Drace a. Con	idte m		D 35	5763	1	entenber	28,2006
	2+1		30. Name and address of person who	completed cause of death	(Item 23a) (Type,	Print)			1	
_	⋆,		Drace a. Cov.  30. Name and address of person who  Grace A. Cord +s 5	505 Hopkin	5 Bayu	iew Vir	cle, Ba	Utimore	, md s	21224
	Sta		31. Date filed (Month, Day, Year)	32. Registrar's	Signature	don't.				
	Registr	ar	00:00	CUUU MARTINO	s ss fe					

DHMH 17 Rev 1/2001

Registrar

			1 - For State	State of Marylan	d / Departme	ent of Health and ate of Death		_	31205
			Registrar  1. Decedent's Name (First, Middle, Last	· ~	Certifica	ale of Death	2. Date of Death	. No.	3. Time of Death
	Physici /Medio		KATHLYN	11328A11	A FRIT	HJET.	Month OG -	30-2006	
*	Examir	ner	Franklin Squal	11 1	1.1.0	ity, Town, or Location of Dea Rosedole	th	4c. County of Death	more
	Funeral		5. Social Security Number 6. Sec		Month	der 1 Year   If Under 24 Hrs		9. Birthi	place (State or Foreign
	Director		Usual Residence of Decedent	M 591 87	Yrs.		1 58 1705	433 MAR	JKA00
	aryland show	ي	10a. State 10b. County	10c. City	, Town or Location				10d. Inside City Limits
	ith the Marylar or 28a-f show	Directo	10e. Street and Number	1002 1	#BKV111	Zip Code	100	. Citizen of What Cou	1 ☐ Yes 2 No
	death with the Maryland ms 23a or 28a-f show rmust be nutilied at	al DI	3313 6 13400	LHBY ROAC	)	21234	109	1), S. A.	nu y :
	s 1 and 2 should be filed within 72 hours after death with the Maryla f Heelih and Mental Hygiene. Item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic svent, the Medical Examiner must be notified at	Funeral	11. Marital Status	12. Was Decedent Ever in U. Armed Forces?	S. 13. Was De	cedent of Hispanic Origin? (Specify Cuban, Mexican, Puel	Specify Yes or No- to Rican, etc.)	14. Race - Ameri Black, White,	can Indian, , etc.
)	urs after al', or ite Exemine	þ	1 Never Married 2 Married  3 Widowed 4 Divorced	1 ☐ Yes Z∰ No If Yes, Give Year or Dates:	1 🗆 Yes	No Specify:		Specify:	17.75
× 50	within 72 hours ane. than "natural", he Medical Exe	Completed	15. Decedent's Edu (Specify only highest grad	cation e com <i>pleted)</i>	16a. Decedent's U	sual Occupation work done during most of wo Tuse retired)	orking 16	b. Kind of Business/In	idustry
7/212	withir liene. In Man	ошо	Elementary/Secondary (0-12)	College (1-4or 5+)	He. DO NOT	s maks R		at Ha	200
FitSch, $kqthlyn$ Baltimore, Maryland 21215-0036	2 should be filed withir and Mental Hygiene. Is marked other than surmatic svent, tha Ma	Be	17. Father's Name (First, Middle, Last)		0 (//3		me (First, Middle, Mai	iden Sumame)	7 2
₹ <u>₹</u>	should bud Ment	٩	19a. Informant's Name/Relationship (Ty	MITT FAR	2005	5003	I Aimst	300032	K
	and 2 seelth an n 27 is i		CHARLES H. F. R.	TEC. H	b Romaning Addre	ess (Street and Number or R	ural Houte Number, C	ity or Town, State, Zip	Code) SOSS
SC.	of Herory of Herory of Other		20a. Method of Disposition  128 Burial 2 Cremation 3 P		ace of Disposition (A	Name of or other place)	the second	c. Location - City or To	own, State
1+5C/	permit. Pages 1 and 2 Department of Heelih a Important: If Item 27 li sny Injury or other tra		4 □ Donation 5 □ Other (Specify)  21. Sunature of Fune at Service Licens	1 100	RELANDIZ		म देक.	RKVILLE	PRATON
BB -	permit. Depertr Importe sny Inju		Description of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the		EVAN	and Address of Facility	a paova	11: 9000	520 MILES
			23a. Part1. Enter the disease, or complishock, or heart failure. List only or	ications that caused the death			c or respiratory arrest.	1 (437)	Approximate Interval Between
	Physician /Medical		Immediate Cause (Final disease or condition resulting in death)		Shock				Onset and Death
	Examiner			Due to (or as a consequence SP SP TC+	ence of):	150			
.14	sit od	Iner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	Due to (or as a consequ	'	1010			
h	be executed sicien and burial-transit	Examiner	that initiated events resulting in death) Last	Due to (or as a consequ	ence of):	piration			
68760,	ficate be executed physicien and s the burial-transit	edicai		Peritoni	tis				
		/Med	IF FEMALE:	3c. If yes, outcome of pregnar	ncv				
. Box	death certif e attending ed for use a	Physician/M	23b. Was decedent pregnant in the past 12 months? 1 □ Yes ② ■ No	1 Live birth 2 Fetal 4 Pregnant at time of de	death 3 Ectopic			23d. Date of delive Month	ery Day Year
P.0.	hat the de d by the a detached t	Phys	9 □ Unknown  Part IJ. Other significant conditions cor	9□ Unknown	Nia-i-sh-		On District		
Division of Vital Records,	The law requires that the death certi sie has been signed by the attending page 2 should be detached for use a	Completed by	Appendicitis	Anem	4	ctic Acido	23e. Did tobac	co use contribute to th 2 ☐ No 3 ☐ Prob	. /
looa	law requir as been si 2 should	plete	Colon Cano	1			24a. Was an	24b. Were auto	psy findings available
<u> </u>	: The lay cete has						autopsy performed 1 ☐ Yes 2 🕱	? death?	mpletion of cause of 2□ No
Z.	Attanding Physician: 1 r death. sctor: After this certifice by the funeral director, p	To Be	25. Was case referred to medical examiner?  1 Tyes 2 No	lospital: 1 Inpatient 2 🗆	ER/Outpatient 3□ [	Other	ath (Check only one)	- 0 TO: 10	
n of	ding Phys h. After this funeral di		27. Manner of Death 1 Natural 5 Pending		28b. Time of Injury	28c. Injury at Work?	fome 5 ☐ Residence 28d. Describe how i		v)
isio	Attendideath.	catl	2 Accident investigation 3 Suicide 6 Could not be	28e. Place of Injury - At hor	M	1 ☐ Yes 2 ☐ No	006 1		
Οįν	al or Attancs effer death	Certification:	4 Homicide determined	building, etc. (Specify,	)	огу, опісе	City or Town, S	t and Number or Rura tate)	i Houle Number,
	To the Hospital or Attender within 24 hours effer de To the Funeral Director completely filled in by the	Medical (	29a. Certifier (Check only one) Certifying Phys	sician: To the best of my knowner: On the basis of examinati and manner stated.	rledge, death occurre on and/or investigation	ed at the time, date and place on, in my opinion, death occu	e, and due to the cause arred at the time, date	e(s) and manner as st and place, and due to	lated. the cause(s)
	To the within 2 To the comple	Me	29b. Signature and title of certifier			29c. License number		Date signed (Month,	
			1 Harry			Resour	0	9-30-	2006
	15		30. Name and address of person who co	mpleted cause of death (Item UKO9U, 901	23a) (Type, Print)	Kesoooo lin Square D	2000	11:00 00 11	10 21227
	Sta	_	31. Date filed (Month, Day, Year)	3 Registrar's Signati	ure Angelle	I'M Square D	171 JUE, 1391	TIMOIE, W	/ CPINIMI
	Registr	ar	OCT 0 2 2005	2 20 Dala 1 1.33					

		For State Registrar	State of Man	land / Depa <i>Cer</i>	rtment of H tificate of L	ealth and M Death		giene 2 Reg. No.	006	31206
Physicia /Medic		1. Decedent's Name (First, Middle, Last  MARY GAIN					2. Date of De Month	a7	Year 2006	3. Time of Death
Examine Funeral	er	5. Social Security Number 6. Se	ursing Ho	n yrs. last birthday)	Baltine  If Under 1 Year  Months Days	Location of Death  Le  If Under 24 Hrs.  Hours Min.	8. Date of Bir (Month, Da	N/A	9. Birthpla	ace (State or Foreign
Director	3	Usual Residence of Decedent	M 2⊠F	85 Yrs.			11/20/1	1920		VA
death with the Maryland me 23e or 28a-f show rmust ke notified at	ector	10a. State 10b. County  MD  V/A  10e. Street and Number		Saltimor				10g. Citizen	of What Count	d. Inside City Limits  1 ☑ Yes 2 ☐ No
nit. Pages 1 and 2 should be filed within 72 hours after death with the Marylan artinent of Health and Mantal Hygiene. ordent: if item 27 is marked other than "natural", or theme 23e or 28a-f show injury or other treumatic event, the Medical Examiner must be nothing at 8.	by Funeral Director	11. Marital Status  1 Marital Status  1 News Married 2 Married  3 Widowed 4 Divorced	12. Was Decedent Eve Armed Forces? 1  Yes, Give Year or Dates:		21217	spanic Origin? (Spe n, Mexican, Puerto Specity:	ocify Yes or No Rican, etc.)	USA 14. F	Race - America Black, White, e	n Indian, tc.
within 72 ho jiene. r than "natura	Completed by	15. Decedent's Ed (Specify only highest grad Elementary/Secondary (0-12)	control completed (1-4or 5+)	(Give life. L	ent's Usual Occupa kind of work done of OO NOT use retired	turing most of worki )	ng	16b. Kind o	f Business/Indi	2
d 2 should be filled th and Mental Hygi 7 Is marked other treumatic event,	To Be C	17. Father's Name (First, Middle, Last)  Schnie Gain  19a. Informant's Name/Relationship (7)	es			18. Mother's Name	jaines	, Maiden Sum	name)	Code)
ages 1 and 2 sl nt of Health and :: If item 27 Is r or other treur		Raymond Gaines  20a. Method of Disposition  1 Ø Burial 2 Cremation 3	(SDN)	20b. Place of Disposemetery, crem	Pakan La sition (Name of natory or other place	di Randa	Stown	20c. Location	<i>Q1133</i> on - City or Tov	vn, State
permit. Pages Department of I Importent: If it, any injury or o		. 4 □ Donation 5 □ Other (Specify 21. Signature of Funeral Service Licen		227	Name and Address	ss of Facility Greene	Funer	al Suc	ee Mê	
Physician //Medical Examiner physician up prize physician up prize physician up prize physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician	Examiner	23a. Part1. Enter the disease, or compands, or heart fillule. List only of limediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Lines Underlying Cause (Disease or injury that initiated events resulting in death) Last	Due to (or as do	onsequence of):	Deel	me Lac	COLUMN A	1163),		Approximate Interval Between Onset and Death
ath certific attending p for use as	Physician/Medical	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 □ Yes 2 □ No 9 □ Unknown	d	Fetal death 3	Ectopic pregnancy	- FOUL			Date of deliver Month	y Day Year
w requires that the deben signed by the should be detached	ompleted by Ph	Part II. Other significant conditions of	_	not resulting in the ur	DI Fear	en in Part I.		Yes 2□No	3 ☐ Proba	
	о Ве Сотр	25. Was case referred to medical examiner? 1 □ Yes 2 □ ₩6	Hospital: 1 □ Inpatient	2 ☐ ER/Outpatien	t 3 DOA Othe	26. Place of Death	1 Yes	2 No	death? 1 ☐ Yes 2	
i or Attending Physician: after death. Director: After this certific d in by the funeral director.	Certification; To	27. Manner of Death  1	28a. Date of Injury (Month, Day Y	28b. Time of	28c. Injun World M 1	y at k? Yes 2 □ No	28d. Describe	how injury oc	curred	Route Number,
To the Hospitel or Attendir within 24 hours after death. To the Punerel Director: A completely filled in by the fu	edical Certif		building, etc. ( ysicien: To the best of a iner: On the basis of e and manner state	Specify) my knowledge, death	n occurred at the tin	ne, date and place,	City or To	wn, State) cause(s) and	manner as sta	ited.
To the within ?	Mec	29b. Signature and title of sertifier	0	MD		JIY 14			gned (Month, E	-
2			CHMIMP,	821 N.	Print) EUTAW	ST Shi	₹30<	13AL	TIMON	E 0/1) 5/5
Sta Registr		31. Date filed (Month, Day, Year)	32 Registrar's	S Signature	ed D					

amend item 8 per fb 8860 10 3 Pealth and Mental Hygiene 2006 31207 1 - For State Registrar Certificate of Death 2. Date of Death 3. Time of Death 1. Decedent's Name (First, Middle, Last) Month Year **Physician** OSEANN 835AM 71GL10 2006 1C7 /Medical 4c. County of Death 4b. City, Town, or Location of Death Eacility Name (If not institution, give street and number) **Examiner** If Under 1 Year If Under 24 Hrs. 8. Date of Birth 93/1 OSPITAL 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Days 1□M 2**X**F Hours Yrs. New York 054-28-5817  $01/25/\frac{2006}{2006}$ Director 72 Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits ir then "natural", or iteme 23a or 28a-f ehow the Medical Examiner must be notified at 1 Yes 2 No Director Maryland N/ABaltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? United States 1634 Shakespeare Street 21231 Race - American Indian, Black, White, etc. 12. Was Decedent Ever in U.S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-II Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11 Marital Status 1 Yes 2 No If Yes, Give Year or Dates: 1 Never Married 2 Married 3altimore, Maryland 21215-0036 1 ☐ Yes 2 🛣 No þ Specify: 3 Widowed 4 Divorced White Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry other then Elementary/Secondary (0-12) College (1-4or 5+) Homemaker Domestic 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) permit. Peges 1 end 2 should be flik Depertment of Heelth and Mental Hy Importent: If Item 27 ie marked oth eny injury or other traumatic event Be Anna D'Alesio Cataldo Catuagno 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) 400 Deercross Lane Waxhaw, North Carolina 28173 <u> Thomas Giglio - Son</u> 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 ☐ Cremation 3 ☐ Removal from State 4 □Donation 5 □ Other (Specify) Crownsville Veteran 10/05/2006 Crownsville, Maryland 21. Signature of Funeral Service Licensee David J. Weber Funeral Homes P.A. SDC. 401 S. Chester Street Baltimore, Maryland 21231 war Part 1 Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure lidst only one cause on each line. Approximate Interval Between Onset and Death Now Small Cell Lung CA Immediate Cause (Final disease or condition resulting in death) tastratic **Physician** IRS /Medical **Examiner** Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of) Examiner anding physicien and use as the burial-transit Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical IF FEMALE: 23c. If yes, outcome of pregnancy 1 ☐ Live birth 2 ☐ Fetel de 23d. Date of delivery 23b. Was decedent preggant 2 | Fetel death 3 Ectopic pregnancy in the past 12 months? 1 ☐ Yes 2 ☐ No Day page 2 should be detached for Month Year 4□Pregnant at time of death 5 Other (specify) been signed by Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? þ 1 Yes 3 Probably 4 Unknown 2 No Completed 24a. Was an autopsy performed?
1 Yes 22 No 24b. Were autopsy findings available prior to completion of cause of death? this certificate has 2□ No 1 Yes or Attending Physician: 25. Was case referred to medical Be 26. Place of Death (Check only one) examiner? Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 No 1 Inpatient 1 Yes 2 ER/Outpatient 3 DOA Certification: To 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 27. Manner of Death After 1 Natural Injury 5 Pendina To the Hospital or Attendii within 24 hours efter death. To the Funerel Director: A death. 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be determined 3 Suicide 28l. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, larm, street, lactory, office building, etc. (Specify) filled in by 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. Medical 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one) 29c. License number 29d. Date signed (Month, Day, Year) 29b. Signature and title of certified 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) PAUL PLACE BALTIMITE, NO ZIZOZ OSTA Sol JOSEPH 31. Date filed (Month, Day, Year) 32 Registrar's Signature. State 0 2006

Registrar

State of Maryland / Department of Health and Mental Hygiene 2006 31208 1 - For State Registrar Certificate of Death Rag. No. 1. Dacedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Day Year **Physician** Geldman 220p.M 30 06 Irving /Medical 4c. County of Death Baltimore 4a. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Death **Examiner** Charlestown (Renaissance) Catonsville If Under 1 Year If Under 24 Hrs.

Months Days Hours Min. 8. Date of Birth (Month, Day, Year) 04/10/1910 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) . Social Security Number 106–18–9594 **Funeral** 1**∑**M 2□F 96 Director Maryland Usual Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or Items 23a or 28a-f show any injury or other traumatic event, If a Musical Examples. 10c. City, Town or Location 10d. Inside City Limits 10a. State 10b. County 1 Yes 2 No Maryland Baltimore Catonsville 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? ā 21228 United States 711 Maiden Choice Lane Funeral 12. Was Decedent Ever in U.S. Armed Forces? 1 ☐ Yes 2 1 No If Yes, Give Year or Dates: 14. Race - American Indian, Black, White, etc. 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 1 No Specify: SpecifyWhite þ 3 ☐ Widowed 4 ☐ Divorced led 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Complet Elementary/Secondary (0-12) College (1-4or 5+) 5+ Production Manager Electrical Company 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Samuel Geldman Sarah Geldman (Unknown) 2 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, 100 Bend Court, Los Gatos, California, 95030 John Geldman/Son 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 20a. Method of Disposition 1 ☐ Burial 2XI Cremation 3 ☐ Removal from State Bayyiew Crematory 10/05/2006 Baltimore, Maryland ¹ 4 □ Donation 5 □ Other (Specify) 21. Signalure of Funeral Service Lic 22. Nama and Address of Facility Hubbard Funeral Home, Inc. 4107 Wilkens Avenue, Baltimore, Maryland 2 1229 Approximate Interval Between Onset and Death 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Immediate Cause (Final End - Stage

Due to (or as a consequence of): Priysician Dementia disease or condition resulting in death) /Medical Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury Due to (or as a consequence of): Examine The law requires that the death certificate be executed physician and s the burial-transit Division of Vital Records, P.O. Box 68760 that initiated events resulting in death) Last Due to (or as a consequence of): Physician/Medical attending p IF FEMALE 23c. If yes, outcome of pregnancy
1 ☐ Live birth 2 ☐ Fetal death 23d. Date of delivery 23b. Was decedent pregnant 3 Ectopic pregnancy Year in the past 12 months? Month Day 4 Pregnant at time of death 5 Other (specify) signed by the all 1 ☐ Yes 2 ☐ No 9 Unknown 9 TUnknown Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? by 1 Yes 2 No 3 Probably 4 Onknown Anorexia Completed peen : 24b. Were autopsy findings available prior to completion of cause of death?

1 ☐ Yes 2 ☐ No 24a. Was an autopsy performed? certificate 1□ Yes 2□No To the Hospital or Attending Physician: 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Be Other: 45 Nursing Home 5 Residence 6 Other (Specify) Hospital: 1 ☐ Yes 2 ☐ No 1 Inpatient 2 ER/Outpatient 3 DOA 은 28a. Date of Injury (Month, Day Year) : After thi 28c. Injury at Work? 28d. Describe how injury occurred 27. Manner of Death 28b. Time of Certification: 1 Natural 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident completely filled in by the within 24 hours after deatl To the Funeral Director: 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29a. Certifier Medical 2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) Clinean カイイ377 10/2/06 tin, mo 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Dencen Bowlin, wo Cutonsville Choi ce Lanc Mouden mo 31. Date filed (Month, Day, Year) 32. Registrar's Signature State OCT 0 3 2006 Registrar

**ORIGINAL** 

Please Type or Print in Black Indelible Ink. Ensure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 2006

1 - For State Registrar Certificate of Death 3. Time of Death 2. Date of Death 1. Decedent's Name (First, Middle, Last) Day 14 2486 GREENE September **Physician** CLYDE 1. 10 A.M /Medical 4c. County of Death 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death Examiner Randallstown
| If Under 1 Year | If Under 24 Hrs. |
| Months | Days | Hours | Min. | **Baltimore** Northwest Medical Center 8. Date of Birth (Month, Day, May 29 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1**%** M 2□ F 68 Yrs. 1938 Virginia Director 236-58-0427 Usual Residence of Decedent 2 should be filed within 72 hours after death with the Maryland and Mental Hyglene.
ie marked other then "netural", or tteme 23s or 28s-f ehow 10c. City, Town or Location 10d. Inside City Limits 10b. County Pages 1 and 2 should be filed within 72 hours after death with the Maryla ment of Health and Mental Hygiene.
ant: If item 27 is marked other then "netural", or items 23a or 28s-1 shov ury or other treumatic event, the Madical Examinar must be notified at Maryland Anne Arundel 1 ☐ Yes 2 No Severn 10g. Citizen of What Country? 10f. Zip Code 7624 W. B & A Rd. 21144 USA Funeral 12. Was Decedent Ever in U.S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 14. Race - American Indian, Black, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status 1 Never Married 2 Married Baltimore, Maryland 21215-0036 1 Yes 2 No Specify: Specify: Black à 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Joseph P. Seagram-Elementary/Secondary (0-12) College (1-4or 5+) 12th O Lab Analysis Liquor 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Obrie S. Greene Mary A. Holland 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Severn, Md. 21144 Eleanor Greene(Wife) 7624 W. B & A Rd. 20a. Method of Disposition 20b. Place of Disposition (Name of certified) certified by the place) 20c. Location - City or Town, State 1 Burial 2 □ Cremation 3 □ Removal from State permit. Page Depertment of Important: If eny injury or once. Memorial Gardens 9-29-06 Annapolis, Md. 4 ☐ Donation 5 ☐ Other (Specify) Moo482 Wm Reese of Kacilly ons Mortuary, P.A. 21. Signature of Funeral Service Licensee Harry J. X 821 West St. Annapolis, Md, 21401 23a. Part 1. Enter the insease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) HOMNCED LUNG CANCER **Physician** /Medical Due to (or as a consequence of): Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events Examiner Due to (or as a consequence of) The law requires that the death certificate be executed attending physicien and for use as the burial-tranresulting in death) Last Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760 Physician/Medical IF FEMALE: 23c. If yes, outcome of pregnancy
1 ☐ Live birth 2 ☐ Fetal death
4 ☐ Pregnant at time of death 23d. Date of delivery 23b. Was decedent pregnant in the past 12 months?
1 ☐ Yes 2 ☐ No 3 Ectopic pregnancy Month Day 5 Other (specify) signed by the a 9 Unknown 9 Unknown Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? Completed by 1 485 2 No 3 Probably 4 Unknown s need should 24b. Were autopsy findings available prior to completion of cause of death? page 2 has autopsy certificate 1 ☐ Yes 2 ☐ No 1 Yes 2 1 NO To the Hospital or Attending Physician: 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: 1 - Impatient Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 ☐ No P 2 ER/Outpatient 3□ DOA Director: After the 27. Manner of Beath 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Certification; 5 Pending investigation 1 Tyes 2 No 2 Accident 6 ☐ Could not be 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 T Homicide Within 24 hours e To the Funerel E completely filled i 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier cai 29c. License number
0 574288 29b. Signature and title of certifier bel Holtswest themsel 30. Name and address of person who complet souse of death (Item 23a) (Type, Print) amorrane 32. Registrar's Signature 31. Date filed (Month, Day, Year) State

DHMH 17 Rev 1/2001

Registrar

2006

06-07232 John Hobbs

Please Type or Print in Black Indelible Ink
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

2006 31211

		1- For State Registrar	Certific	ate of Death		Reg. No.	J6 312
Physician/ Medical Examine		1. Decedent's Name (First, Middle, Last)	Hobb.			ath Day Year er 25, 2006	3. Time of Death 1457 hrs
		4a. Facility Name (if not institution, give stre Sinai Hospital	et and number)	4b. City, Town, or Le Baltimore	ocation of Death	4c. County of Death	<del>)</del>
Funeral Director		5. Social Security Number 6. Sex / 14-88-8938 1 M	7. Age (In yrs. last birt	hday) If Under 1 Year Months Days Yrs.		Foreig	thplace (State or unitry) Md
, any	ł	Usual Residence of Decedent  10a. State  10b. County	10c. City, Town	or Location ,			10d Inside City Limits
Aaryland 28a-f show Lat once.	ğ	Mdi NIA		attimo	e e	10.00	1 Yes 2 No
ith the Maryland 23a or 28a-f sho	al Director	3821 Towa	Mas Decedent Ever InvU.S.		1215 anic Origin? (Specify Yes or N	10g. Citizen of What Cour	
after death w al", or items	by Funeral	1 Never Married 2 Married 1 3 Widowed 4 Divorced Irve	Armed Forces?  Yes 2 No s, Give Year		Mexican, Puerto Rican, etc.)	o- 14. Race - Americ White, etc.	Black
and 2 should be filed within 72 hours after death with the Maryland teath and Mental Hygiene team 27 is marked other than "natural", or items 23a or 28a-f she traumatic event, the Medical Examiner must be notified at once	Completed t	15. Decedent's Education (Specify only high	thest grade completed) 16a. I	Decedent's Usual Occupation during most of working life. D	NOT use retired)	16b. Kind of Business/li	mplaged
21215-0036 ould be filed within 7 Mental Hygiene marked other than ic event, the Medica	a	JOHN	bbs II	18	Mother's Name (First, Middle,	Amey	
MD 2 nd 2 shoul alth and N m 27 is m aumatic	٩	19a Informant's Name/Relationship (Type, Color And	y-mother 3		and Number or Rural Route Nu Mda Ave	mber, City or Tollin, State, Batto, Md.	
More Pages   ent of F int: If i		20a. Method of Disposition  1 Burial 2 Cremation 3 R  4 Donation 5 Other Specify:	emoval from State cremate	of Disposition (Name of ceme ory or other place) Table Carmel	Date 10-4-06	20c. Location - City or Dund au	Town, State
Baltii permit Departm Importa		21. Signature of Funeral Servi e Licens	hand	22. Name and Address o	Facility 270 Fre	dth LTON F	Pass 2, md 2,2229
Physician /Medical		23a. Part . Enter the disease, or complication failure. List only one cause on each lin		ot enter the mode of dying, su corrhage due to r	uch as cardiac or respiratory ari uptured berry	rest, shock, or heart	Approximate Interval Between Onset and
Examiner			eurysm associated o (or as a consequence of):	with cocaine use			Death
	Jer		o (or as a consequence of):				
ecuted and transit	Examine	· · · · · · · · · · · · · · · · · · ·	o (or as a consequence of);				
ian ian	n/Medical	UNPENDED a	ENDED item#23a.27	,perME,g860, 10/	6/06 TT		
	ician/Me	23b. Was decedent pregnant in the past 12 months?	c. If yes, outcome of pregnancy	Fetal death 3		23d. Date of delivery  Month D	ay Year
O. Bc at the dea I by the a	Physicia	1 Yes 2 No 9 Unknown 9  Part II. Other significant conditions cont	Unknown  Tibuting to death but not resulting	g in the underlying cause give	en in Part I 23e Did to	obacco use contribute to ti	he cause of death?
S, P.( uires that n signed	ed by			····	1 Ye	s 2 No 3 Proba	ably 4 🗸 Unknown
Division of Vital Records, P.O. Box 68 no the Hospital or Attending Physician: The law requires that the death certificate has been signed by the attending to the Funeral Director: After this certificate has been signed by the attending completely filled in by the funeral director, page 2 should be detached for use a	Completed						opsy findings available ompletion of cause of S
Vital Rec ssician: The his certificate director, page	8	25. Was case referred to medical examiner?	al: 1 ✔ Inpatient 2 ER/Ou		Death (Check only one) her4 Nursing Home 5	Residence 6 Other:	
ding Phy After th	on: To	1 X Natural		Fime of Injury 28c. Injury	at Work? 28d. Describe	how injury occurred	
Division Spital or Attent hours after death meral Director: y filled in by the	Certification:	2 Accident Investigation	28e. Place of Injury - At home, fa			Street and Number or Run	al Route Number, City
Di lospital 4 hours a uneral l		4 Homicide determined	(Specify)		or Town, S		
To the Partition 24 To the Focomplete	Medical	one) 2 Medical Examiner: On the	o the best of my knowledge, dea ne basis of examination and/or in manner stated.	nvestigation, in my opinion, d	and place, and due to the cause eath occurred at the time, date	se(s) and manner as starte and place, and due to the	ed. cause(s)
	Ž	29b. Signature and title of certifier		29c. License r O.C.M.		29d. Date signed (Monto	,
	ł	30. Name and address of person who compl	,			Coptember 20, 20	
				Penn Street, Baltimore	e, MD 21201		
Sta Registi	ite	31. Date filed (Month Dey, Year) 2006	32. Registrar's Signature	Coerce			

Please Type or Print in Black Indelible Ink State of Maryland / Department of Health and Mental Hygiene Vaughn W Hairston 1- For State Certificate of Death Reg. No Registrar 1. Decedent's Name (First, Middle, Last) Physician/ 2. Date of Death Month Month Day Y September 26, 2006 Year **Medical Examiner** 1116 hrs William Vaughn Hairston 4a. Facility Name (if not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Shock Trauma Baltimore 5. Social Security Number **Funeral** 6. Sex 7. Age (In yrs. last birthday) If Under 1 Year If Under 24Hrs. 8 Date of Birth (MM/DD/YYYY) 9. Birthplace (State or Months Days Hours Min. Director 218-04<del>-</del>4338 1 X M 24 10 81 2 F 13 Country) MD Usual Residence of Deceden 10b. County 10c City, Town or Location 10d. Inside City Limits 28a-f show 1 Yes 2 X No , or items 23a or 28a-f shorr must be notified at once. death with the Maryland Columbia Director MD Howard 10e. Street and Number 10g. Citizen of What Country 10321 Twin Rivers Road 21044 U.S.A. Funeral 11. Marital Status 12. Was Decedent Ever in U.S. 13. Was Decedent of Hispanic Origin? (Specify Yes or No 14. Race - American Indian, Black Examiner must be 1X Never Married 2 Armed Forces? If Yes, specify Cuban, Mexican, Puerto Rican, etc.) White, etc. Married Yes Black 3 Widowed Divorced Give Year 1 Yes 2X No specify: Specify à 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done 16b. Kind of Business/Industry during most of working life DO NOT use retired)
Apprentice Projection Elementary/Secondary (0-12) College (1-4 or 5+) e, MD 21215-0036 and 2 should be filed within 72 and Mental Hygiene traumatic event, the Medical 12th grade lyr Operator AMC Theaters 17. Father's Name (First, Middle, Last 18 Mother's Name (First, Middle, Maiden Surname) 27 is marked Paul Bush Hairston Sr. Flora Vaughn 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Flora Hairston-Mother 10321 Twin Rivers Road, Columbia, Md 21244 of Health a 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, Date 20c. Location - City or Town, State Baltimore, crematory or other place) 1 XBurial 2 Cremation 3 Removal from State Department o 4 Dpnation 5 Other Specify King Memorial Park 10/3/06 Randallstown, Md 21. Signalule of Funeral Service Licensee 22 Name and Address of Facility March F/H West 4300 Wabash Ave, Baltimore, Md 21215 Part I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. **Physician** Approximate Interval Between Onset and /Medical Death a. Hanging Immediate Cause (Final disease Examiner or condition resulting in death) Due to (or as a consequence of) Sequentially list conditions Examine if any, leading to immediate Due to (or as a consequence of): cause. Enter Underlying Cause (Disease or fr jury that initiated events resulting in death) Last Due to (or as a consequence of): and Physician/Medical UNPENDED ending physician use as the burial -AMENDED Box 68760, IF FEMALE 23c. If ves, outcome of pregnancy 23d Date of delivery 23b. Was decedent pregnant in the past 12 months? Live birth 3 Ectopic pregnancy Fetal death Month Day Year Pregnant at time of death 5 Other (Specify) 1 Yes 2 No 9 Unknown 9 Unknown Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. o 23e Did tobacco use contribute to the cause of death? à Δ. 1 Yes 2 V No 3 Probably 4 Unknown Completed Division of Vital Records, 24a Was an 24b. Were autopsy findings available autopsy prior to completion of cause of certificate has performed' death? 1 🗸 Yes ✓ Yes 2 No 2 No this certifi 25. Was case referred to medical 26.Place of Death (Check only one) Be examiner? Other₄ Hospital: 1 Inpatient 2 🗸 ER/Outpatient 3 DOA Nursing Home 5 Residence 6 Other 1 🗸 Yes 28a. Date of Injury (Month, Day Year) Sep 26, 2006 27. Manner of Death 28b. Time of Injury 28c Injury at Work? 28d. Describe how injury occurred To the Hospital or Attending Certification: Subject hanged self Natural 1355 hrs 5 Pending Director: d in by the 1 Yes 2 V No after death 28e. Place of Injury - At home, farm, street, factory, office building, etc 28f. Location (Street and Number or Rural Route Number, City 3 V Suicide 6 Could not be or Town State a 24 hours a (Specify) Jail cell 7301 Waterloo Road, Jessup, MD Homicide 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as started, Medical (Check one) To the 1 2 Wedical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) 29b Signature and title of sertifie 29c License numbe 29d. Date signed (Month, Day, Year) O.C.M.E September 27, 2006 30 Name and address of person who completed cause of death (Item 23a) Patricia Aronica-Pollak MD. Assistant Medical Examiner 111 Penn Street, Baltimore, MD 21201

State

Registrar

31. Date filed (Month Day, Year)

2216

2006 32. Registrar's Signature

State of Maryland / Department of Health and Mental Hygiene 2006 Certificate of Death Reg. No 2. Date of Death 3. Time of Death 1. Decedent's Name (First, Middle, Last) Day Month Year **Physician** SEP 2006 9:00AM Hunter /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner BALTIMORE BALTIMORE HOSPITAL OF SINAL If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign 5. Social Security Number 6. Sex **Funeral** Months Days 1 □ M XXF Yrs. Yirgin Islands 48 580-16-5400 Director 09 Usual Residence of Decedent 10d. Inside City Limits 10c. City. Town or Location 10a, State 10b. County ir than "natural", or terms 23a or 28a-f ehow the Medical Examiner must be notified at 1 ☐ Yes 🏋 ☐ No Director Hampstead Baltimore 10g. Citizen of What Country? 10e. Street and Number 10f. Zip Code with 21074 U.S.A. 411 Dove Lane Funeral 12. Was Decedent Ever in U.S. Armed Forces? 1 ☐ Yes ② No If Yes, Give Year or Dates: 14. Race - American Indian, Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status Black, White, etc. 1 Never Married 2 X Married Baltimore, Maryland 21215-0036 1 ☐ Yes X ☐ No Specify: Black þ 3 Widowed 4 Divorced Completed 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 1 and 2 should be filed within Health and Mental Hygiene. em 27 te marked other than ' College (1-4or 5+) Elementary/Secondary (0-12) Mortgage Co. 12th grade Underwritter 3yrs 18. Mother's Name (First, Middle, Maiden Sumame) 17. Father's Name (First, Middle, Last) Helen Romney Alfred Davis Sr. ဥ 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) permit. Pages 1 and 2 : Department of Health ar Important; if Item 27 ts. any injury or other trau. 411 Dove Lane, Hampstead, Md 21074 Nathaniel Hunter Sr. 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Baltimore, Md Metro Crematory Inc 10/3/06 21. Sign tule of Funeral Service Licensee March F/H West 21215 4300 Wabash Ave, Baltimore, Md 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) PULMONARY EDEMA Physician 10 days /Medical Due to (or as a consequence of): Examiner BREAST CARCINOMA METASTATIC Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): Examine burial-transit Due to (or as a consequence of): Box 68760, physicien Physician/Medical use as the IF FEMALE: 23c. If yes, outcome of pregnancy 1 Live birth 2 ☐ Fetal death 23d. Date of delivery 23b. Was decedent pregnant 3 Ectopic pregnancy for Day in the past 12 months? 1 ☐ Yes 2 ☐ No 4☐ Pregnant at time of death 5 Other (specify) P.O. 9 Unknown 9 Unknown signed by i 23e. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Records. \$ 1 Yes 2 No 3 Probably 4 Munknown Completed 24b. Were autopsy findings available prior to completion of cause of death?
1 ☐ Yes 2 ☑ No 24a. Was an certificate has autopsy 1 Yes 2 No Division of Vital After this certification funeral director, I 25. Was case referred to medical Be 26. Place of Death (Check only one) Hospital: 1 X Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 1 No ဥ 28b. Time of Injury 28c. Injury at Work? 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28d. Describe how injury occurred Certification: 1 X Natural 5 Pending s after dea. 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) filled in by 4 - Homicide ŏ within 24 hours at To the Funeral D completely filled i 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical (Check only one) 29c. License number 29d. Date signed (Month, Day, Year) 29b. Signature and title of q MBBS RES 000 SEPT, 24, 2006 30. Name and addless of person who completed cause of death (Item 23a) (Type, Print) 2401 W.BELVEDERE HOSPITAL OF BALTIMORE, TALWAR, MBBS, SINAI AV BALTIMORE MD 21215 31. Date filed (Month, Day, Year) 32 Registrar's Signature State Joseph ? OCT 0 3 2006 Registrar

		For State Registrar	State o	f Marylan		artment o			Mental	Hygier	- / 1111	6	31214
		Decedent's Name (First, Middle, La	st),						2. Date of	f Death			3. Time of Death
Physic		HESTER H	16611	UBAT	HAM	,			Sept	. 28	2006 ^Y	ar	6:30 PM
/Medi Exami		4a. Facility Name (If not institution, give					wn, or Lo	cation of Dea		T	c. County of E	eath	
LXdiiii	IGI	6526 GREEN.	manat	DR		ELU	101	DGE			Но	war	đ
Funeral			Sex	7. Age (In yrs.	last birthday)	If Under 1	Year I	f Under 24 Hr	s. 8. Date o	f Birth	9.	Birthpla	ace (State or Foreign
Director		213-28-3976	1□M 2 <b>∑</b> F	8	9 Yrs.	Months E	Days	Hours Mir	oct.	16, Day, Yea	ที่ 1916 เ	Count ira	ninia
D		Usual Residence of Decedent											
rylan how		10a. State 10b. County		10c. Cit	y, Town or Lo	cation						10	d. Inside City Limits
e Wa	cto	Maryland Montgo	mery		Silv	ver Spr	cing						1 ☐ Yes 2 🖾 No
th th	Director	10e. Street and Number				10f. Zip Co	ode			10g. (	Citizen of Wha	t Count	ry?
ours after death with the Marylan rel; or itema 23a or 28a-f ehow Examinar must be notified at	ig	504 Firestone D	rive			209	905				U.S.A.		
ge E	Funerai	11. Marital Status	12. Was Dece Armed Fo	edent Ever in U. rces?	.S. 13.	Was Deceden	t of Hispa	anic Origin? (	Specify Yes o	r No-	14. Race - A Black, V		
S affe		1 ☐ Never Married 2 Married	1 ☐ Yes If Yes, Giv Year or D	2 ( <b>X</b> No		1 □ Yes 2 🗷	No S	Specify:			Specify:		
72 hours after death w "naturel", or itema 23a	d by	3 Widowed 4 Divorced		ates:									ack
72 Tar	Completed	15. Decedent's E (Specify only highest gr			16a. Deced	dent's Usual C kind of work o DO NOT use i	done duri	on ing most of w	orking	16b.	Kind of Busine	ess/Indi	ustry
Parity in the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last	Ē	Elementary/Secondary (0-12)	Coflege (1	-4or 5+)		nsed Pr				Ше	ealth C	220	
iled within 72 hours after death with the Maryland Hygiene. Hygiene. Wher than "naturel", or itema 23a or 28a-f ehow int, the Medical Examiner must be notified at		12 17. Father's Nam <i>e (First, Middle, Las</i> i	*}		Dicei	iseu Pi			ame (First, Mi			are	
& da b y	Be	James Botts	,						e Sampl		1		
should and Men in marke umatic	2	19a, fnformant's Name/Relationship	Tune Print)		10h Mailie	na Address /S	Street and		<del>-</del>		or Town, Sta	to Zin i	Codel
d 2 sign and 7 is treum		David Higginboth		. )						_	ng, MD		
ges 1 and t of Health if item 27 or other tr		20a. Method of Disposition	(BOI		Place of Dispo			JIIVC L	Date	-	Location - City		
Pages nent of I		1⊠ Burial 2 ☐ Cremation 3 [		State				21- 10	7 2000				
		4 □Donation 5 □ Other (Speci 21. Signature of Funeral Service Lice		رما					-7-2006		olumbia	, MI	)
Dall permit. Departi import import eny inj		21. Signature di Purperati Service di Ce	11500	15	-   <u>v</u>	Vitzke	Fune	eral Ho	omes, I	nc.			
		23a. Part1. Enter the disease, or con	polications that o	aused the death							bia, M		IU45 Approximate
		shock, or heart failure. List only	one cause on e	ach line.	n. Do not ent	er tre mode	or uying, s	Sucii as cardi	-			1	Interval Between Onset and Death
Physician		Immediate Cause (Final disease or condition resulting in death)	a	1/8010	Scle	rotec	ne	earl	dise	ase		•	40 years
/Medical Examiner	h.	•	Due to	or as a conseq	uence of):	10	1	· · T					30 dage
	_	Sequentially list conditions, if any, feading to immediate	b. Due to	CONTO	uence of):	100	1.20						10 (204)
B U / E	i i	cause. Enter Underlying Cause (Disease or injury	57	a here	1 F	1000							14 Apris
and and	Examiner	that initiated events resulting in death) Last	c. Due to	or as a conseq	uence of):	2-01							
The law requires that the death certificate be executed as been signed by the attending physicien and page 2 should be detached for use as the burial-transit			0.4										
phy:	Physician/Medical		d									1	
certil ding	N.	IF FEMALE: 23b. Was decedent pregnant		come of pregna							23d. Date of	defiver	•
atter for a	ciar	in the past 12 months?		irth 2 Feta ant at time of d		Ectopic pregi Other (speci					Month		Day Year
S of the second	ysi	1 ☐ Yes 2 ██No 9 ☐ Unknown	9□ Unkn	own									
wrequires thet the death certific been signed by the attending E should be detached for use as		Part fl. Other significant conditions	contributing to de	eath but not res	ulting in the u	nderlying caus	se given i	in Part I.	23 <i>e</i> .	Did tobacci	o use contribu	e to the	e cause of death?
quires nn sign	d by									1 □ Yøs	2 No 3	] Proba	ibly 4 Unknown
S spor	Completed								24a.	Mas an	24b, Wer	e autop	sy findings available
VICAL DEC reiclen: The law s certificete hes t lirector, page 2 s	Ę					·				autopsy performed?	prior	to com h?	iptetion of cause of
in: T ifficet or, pa	ပိ	25. Was case referred to medical		· · · · · · · · · · · · · · · · · · ·			2	C Dines of D	1 Y		No 1	Yes :	2 □ No
sicle s cert irect	To B	examiner? 1 ☐ Yes 2 ☑No	Hospitaf:	npatient 2 🗆	ER/Outpatier	2□ DOA	10.		eath (Check of		6 MOther (	Casal	hospice
Paging Page		27. Manner of Death	28a. Date	of Injury	28b. Time of		fnjury at Work?				fury occurred	эрвспу,	1105/100
fun After	ţ	1 Natural 5 Pending 2 Accident investigation	,	th, Day Year)	Infury	м		s 2□No					
Atter dea	fice	3 Suicide 6 Could not t	ZSO. Place	of Injury - At ho	ome, farm, str	eet, factory, o	office		28f. Locati	on (Street	and Number o	r Rural	Route Number.
d in the	Certification:	4 Homicide determined	buildi	ng, etc. (Specif	<b>y</b> )				City o	r Town, Sta	16)		
spita hours inera y fille		29a. Certifier 1 Certifying P	hysician: To the	best of my kno	wledge, death	h occurred at t	the time,	date and place	ce, and due to	the cause	(s) and manne	r as sta	ıt <i>ə</i> d.
To the Hospital or Attending Physician: The I within 24 hours after death.  To the Funeral Director: After this certificate he completely filled in by the funeral director, page	edicai	(Check only 2 Medical Exa	miner: On the b and man	asis of examina ner stated.	ition and/or in	vestigation, in	my opini	ion, death occ	curred at the t	me, date a	ind place, and	due to	the cause(s)
Vithii To the	Σ	29b. Signature and title of certifier	- 1	10		29c. L	icense n				Date signed (N	Ionth, E	lay. Year)
		Toperly	e)(h	ume	, my	7   -	03	629	6	1	9/29	10	26
12		30. Name and address of person who	A the		7	/					1.	-	
1 2		Kobert W Olas	ne MD		Roesl		cl	Glen	Burn	ue !	M()	2-6	060
	ate	31. Date filed (Month, Day, Year)	32. R	egistrar's Signa	ture 20	A - 10 .							
Regist	rar	OCT 0 3	2006	1000	St. 16	DENCE							

State of Maryland / Department of Health and Mental Hygiene 31215 For State Registrat Certificate of Death 1. Decedent's Name (First, Middle, Last) 2 Date of Death 3. Time of Death ^{Day} 2006 **Physician** Year Harvey M. Hare, Sr. 30, Sept. 11:50 A M /Medical 4a. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner Gilchrist Home for Hospice Baltimore County Towson If Under 1 Year | If Under 24 Hrs. 5. Social Security Number 6 Sex 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** 120M 2□ F Months Days Hours Min 214-22-3046 Yrs. Director 80 May 8, 1926 Maryland Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-1 ehow 7 is marked other than "natural", or itame 23a or 28a-f ehov traumatic event, the Madical Examinar must be notified at XXYes 2 ☐ No Director Maryland N/A Baltimore 10e, Street and Number 10f. Zip Code 10g. Citizen of What Country? 3939 Roland Avenue Apt. 601 21211 USA Funeral Pages 1 and 2 should be filed within 72 hours after death nent of Heelth and Mental Hygiene.
smit: If Item 27 is marked other than "natural", or Iteme 23.
ury or other traumatic event, the Mentical Exprinter must 12. Was Decedent Ever in U.S. Armed Forces? ↓ No Was Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 Never Married Married Baltimore, Maryland 21215-0036 If Yes, Give Year or Dates 1944-45 1 ☐ Yes XXNo Specify: þ Specify: white 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Technical work Plastic Manufacturer 8 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be William Luther Hare Blanche L. Foster 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Helen F. Hare 3939 Roland Avenue Apt. 601 Baltimore, MD 21211 Wife 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State XXBurial 2 ☐ Cremation 3 ☐ Removal from State Department of important: If eny injury or once. Lake View Memorial Pk 10/6/06 Eldersburg, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Serv 22. Name and Address of Facility Burgee-Henss-Seitz Funeral Home, Inc. 3631 Falls Road Baltimore, Maryland 21211 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one dause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final Metastatic **Physician** Ung Months disease or condition resulting in death) /Medical Due to (or as a consequence of) Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events Due to (or as a consequence of) Examine The law requires that the death certificate be executed nding physician and use as the burial-transit resulting in death) Last Due to (or as a consequence of) Box 68760; Physician/Medical attending p IF FEMALE: 23c. If yes, outcome of pregnancy 1□Live birth 2 □ Fetal death 23b. Was decedent pregnant 23d. Date of delivery 3 Ectopic pregnancy in the past 12 months? Month Day Year 4☐Pregnant at time of death 5 Other (specify) P.O. | 1 ☐ Yes 2 ☐ No 9 Unknown 9 Unknown signed by Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? Division of Vital Records. Š 1 Yes 2 No 3 Probably 4 Unknown Completed 24a. Was an 24b. Were autopsy findings available prior to completion of cause of death?

1 ☐ Yes 2 No certificate has t irector, page 2 s autopsy performed? 260 No 1□ Yes or Attending Physician: director 25. Was case referred to medical Be 26. Place of Death | Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA Hospice this 28a. Date of Injury (Month, Day Year) After thi 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending investigation 1 Natural within 24 hours after death.

To the Funeral Director: A completely filled in by the fu 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide o the Hospital 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier (Check only 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) Oct, 1, 2006 1)0061199 30. Na 15 and address of person who completed cause of death (Item 23a) (Type, Print) St. Suite 209 Towson MD. Black ,6565 North Charles 32 Registrar's Signature 31. Date filed (Month, Day, Year) State OCT 0 3 2006 Registrar

			1 - For State Registrar	State of Ma	iryland / Dep <i>Ce</i>	artment of rtificate o	Health and f Death	Mental Hyg	iene _{9, No.} 200 (	5 31216
	Physic /Medi		1. Decedent's Name (First, Middle, Last) DOROTHY E					2. Date of Deat	Day 15 2 Year 2 O	3. Time of Death S-35A M
	Examir		4a. Facility Name (If not institution, give s Northwest Hospit	al Center		Randa	or Location of Dea		4c. County of Dea	ore
	Funeral Director		5. Social Security Number  215-24-2808  Usual Residence of Decedent	7. Age	88 Yrs.	Months Day				rthplace (State or Foreign ountry) aryland
	e Maryland	ctor	10a. State 10b. County Maryland Baltimo	ore	10c. City, Town or L Baltim					10d. Inside City Limits 1 Tyes 2000
	ath with the 28 or 28	Funeral Director	10e. Street and Number 7022 Rockridge Roa				207	Uni		s of America
980	72 hours after death with the Maryland naturel', or Items 23a or 28s-1 ehow disal Examiner roust be notified at		11. Marital Status  1 □ Never Married 2 □ Married  3 □ Widowed 4 □ Divorced	12. Was Decedent E Armed Forces? 1 ☐ Yes 2 XN If Yes, Give Year or Dates:	1	Was Decedent of If Yes, specify Cu	f Hispanic Origin? (: uban, Mexican, Pue o Specify:	Specify Yes or No- rto Rican, etc.)	14. Race - Am Black, Whi Specify: W	te, etc.
21215-0036	be filed within 72 hours after death with the Marylan Ital Hygiene. Id other than "naturel", or Itema 23a or 28a-f show event, the Madical Examiner must be notified at	Completed by	15. Decedent's Edu (Specify only highest grade Elementary/Secondary (0-12)	cation a <i>completed)</i> College (1-4or 5	(Give	DO NOT use reti	e during most of wo red)	prking	16b. Kind of Business	/Industry
Maryland 21	ould be filed w Mental Hygier arked other th atic event, the	Be	12 17. Father's Name (First, Middle, Last) Charles A. Boone	0		House W	18. Mother's Na	me (First, Middle, M	Maiden Sumame)	
aryl	2 should be and Menta le marked eumatic ev	5	19a. Informant's Name/Relationship (Type		19b. Maili	ng Address (Stre			City or Town, State,	Zip Code)
Baltimore, M	of Heelth item 27		Mr. Frank Divince 20a. Method of Disposition  1 Durial 2 Cremation 3 A 4 Operation 5 Other (Specify)	emzo (Sc	20b. Place of Dispicemetery, cre	matory or other p	aud)		Marylan 20c. Location - City or	1 21207 Town, State 21117 1s, Maryland
Balti	permit. Page Department of Important: If any injury or once.		21. Signature of Funeral Service Licent	Olnor H	2	2. Name and Add	ress of Facility L	oring Bye	rs Funera	l Directors, I ryland 21133
	Physician /Medical		23a. Pan . Enter the disease, or compli- stock, or heart failure. List only on Immediate Cause (Final disease or condition resulting in death)	e cause on each lin	the death. Do not ene.				est,	Approximate Interval Between Onset and Death
68760,	physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and physicien and ph	dicai Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Undertying Cause (Diseese or injury that initiated events resulting in death) Last	Due to (or as a	a consequence of):  ECC SCC a consequence of):  a consequence of):	EROSIS				YILS
P.O. Box 6	death certiff e attending ed for use as	Physician/Me	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1  Yes 2  No 9  Unknown	3c. If yes, outcome of 1 ☐ Live birth 4 ☐ Pregnant at 9 ☐ Unknown	Fetal death 3	Ectopic pregnan Other (specify)	су		23d. Date of de Month	livery Day Year
	law requires that the as been signed by th 2 should be detache	þ	Part II. Other significant conditions con			nderlying cause g			acco use contribute to	o the cause of death?
Division of Vital Records,	The ste h page	Completed	OBESITY -					24a. Was an autopsy perform	prior to death?	utopsy findings available completion of cause of 2 \( \sum \) No
Vit.	Physician: Th this certificete ral director, pag	To Be	25. Was case referred to medical examiner?	ospital:	nt 2 ☐ ER/Outpatier	- 20 ma C	44	ath Check only one		
ion of	a fe		27. Manner of Death 1 International State of Pending 2 Accident investigation	28a. Date of Injun (Month, Day)	/ 28b. Time o	f 28c. Inj		28d. Describe how	nce 6 Other (Spe w injury occurred	клу)
Divis	To the Hospital or Attendi within 24 hours after death. To the Funerel Director: A completely filled in by the fu	Certification:	3 ☐ Suicide 6 ☐ Could not be 4 ☐ Homicide determined	building, etc.				City or Town,		
	B Hosp 24 hou B Fune etely fil	edicai	29a. Certifier 1 Octifying Phys (Check only one) 2 Medical Examin	ician: To the best of er: On the basis of and manner stat	examination and/or in	n occurred at the vestigation, in my	time, date and place opinion, death occi	e, and due to the cau urred at the time, da	use(s) and manner as ite and place, and due	s stated. e to the cause(s)
)	To th within To th compl	Me	29b. Signature and title of certifier	uan	MO	29c. Licer	154 288	29	od. Date signed (Mont	STY LOVE
	3		30. Name and address of person who col	. I CAME	PATAV	Print)	My 465	i Hosp	IMAL CEN	Min Day, Year)  8th Loo 6
	Sta Registr		31. Date filed (Month, Pay Year) 200	32. Hegistra	's Signature	reile				

Please Type or Print in Black Indelible Ink. Ensure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 2006Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** sept. 30 20°66 Jerry W. Hendrix 7:15 AM /Medical 4c. County of Death 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death Examiner Baltimore 310 Bourque Ave. Middle River If Under 1 Year | If Under 24 Hrs. | Months | Days | Hours | Min. 8. Date of Birth (Month, Case Year) 9. Birthplace (State or NOV • 28, 1943 Maryland 5. Social Security Number 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign **Funeral** 1X M 2 ☐ F 585-03-4366 62 Yrs Director Usual Residence of Decedent deeth with the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits i Health and Mental Hygiene. Item 27 Is marked other then "natural", or Items 23s or 28s-f show other treumstic event, the Medical Exertine must be notified at MD Baltimore Middle River 1 ☐ Yes 2 XNo Directo 10e. Street and Number 10f. Zio Code 10g. Citizen of What Country? 310 Bourque Ave. 21220 USA Funeral 12. Was Decedent Ever in U.S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, 11. Marital Status Black, White, etc. Pages 1 and 2 should be filed within 72 hours after nent of Health and Mental Hygiene. ont: If Item 27 te marked other then "natural", or ite 1 Never Married 2 Married XYes 2 □ No Baltimore, Maryland 21215-0036 1 ☐ Yes 2 No à If Yes, Give Year or Dates: Specify: Specify: White 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use relied) Construction 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Concrete 11th 18. Mother's Name (First, Middle, Maiden Sumame) 17. Father's Name (First, Middle, Last) Be Roland Hendrix Dannie Bollinger 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Barbara Hendrix /wife 310 Bourque Ave. Middle River MD 21220 20b. Place of Disposition (Name of cemetery, crematory or other place, 20c. Location - City or Town, State 20a. Method of Disposition permit. Pages 1
Department of H
Importent: If Ite
eny Injury or ot
once. 1 ☐ Burial 2 XCremation 3 ☐ Removal from State Bayview Crematory Baltimore MD 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility 300 Mace Ave. Balto. 21. Signature of Funeral Service Licensee Connelly Funeral Home of Essex 21221 Approximate Interval Between Onset and Death 23a. Part1. Enter the disease, or comshock, or heart failure. List enty dications that caused the death. Do pot enter the mode of dying, such as cardiac or respiratory arrest, Immediate Cause (Final Physician resulting in death) /Medical Due to (or as a consequence of): Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that interest and the cause) Due to (or as a consequence of) Examiner The law requires that the death certificate be executed signed by the attending physicien and d be detached for use as the burial-transit that initiated events resulting in death) Last Due to (or as a consequence of) Division of Vital Records, P.O. Box 68760, Physician/Medicai IF FEMALE: 23c. If yes, outcome of pregnancy
1 ☐ Live birth 2 ☐ Fetal death 23d. Date of delivery 23b. Was decedent pregnant 3 Ectopic pregnancy in the past 12 months? Day 4☐Pregnant at time of death 5 Other (specify) 1 ☐ Yes 2.☐ No 9 Unknown 9 Unknown Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? Completed by 1 Probably 4 Unknown Deen 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an page 2 : autopsy performed? 1 ☐ Yes 2 ☐ No Hospital or Attending Physician: filled in by the funeral director, Be 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Hospital: Other: 4 ☐ Nursing Home 5 ☐ Besidence 6 ☐ Other (Specify) ို 1 Yes 2₽No 1 Inpatient 2 ER/Outpatient 3 DOA 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of Injury 28c. Injury at Work? 28d. Describe how injury occurred Certification: 1 Natural 5 Pending investigation М 1 Tes 2 No 2 Accident Director 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide To the Hospital within 24 hours a To the Funeral E Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

| Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and manner as stated.

| Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medicai 29a, Certifier 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifier 29c. License number D-0. 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) of JUHN

Registrar DHMH 17 Rev 1/2001

State

31. Date filed (Month, Day, Year)

Registrar's Signature

			for State Registrar		State o	of Maryl					ealth Death		lental Hy	/gienę	7 11 1	6	31218	1
	Physici		1. Decedent's Name (First, Midd REVA Be	le, Last) 11			1	ZDEI	RSKI				2. Date of D Month SEPTEMI	Day	9 2	Year	3. Time of Death 8:15 A M	
	/Medic Examin		4a. Facility Name (If not institution	n, give s	street and nu	mber)				own, or	Location		JUL 111111		County of		0.13 A	_
	Exami	ie.	FOREST HILL HEA				NTER		FOR	EST	HILL				HARI	FORD		
	Funeral		5. Social Security Number	6. Sex	(	7. Age (In y			If Under 1	Year Days	If Under	24 Hrs. Min.	8. Date of Bi (Month, D	irth		9. Birthp	lace (State or Foreign try)	_
	Director		214-18-2398	1	M 2√2 F	88	Y	rs.	VIOTITIS	Days	Tiours	IVIII I.	Aug. 2	3, 1	918		nessee	
	and w		Usual Residence of Decedent  10a. State 10b. Count	,		10c.	City, Town	or Locat	tion							1	0d. Inside City Limits	_
	/anyla	ច		fore	đ		-		ngdor	1							1 ☐ Yes 21 No	
	the t	Director	10e. Street and Number	LOL	<u> </u>				10f. Zip (					10g. Cit	izen of Wh	nat Coun	try?	
	3a or	<u> </u>	/007 41 1	\ <del></del>						210	nα				.S.A.		•	
	death	Funeral	4027 Abinrox I		12. Was Dec	edent Ever i	n U.S.	13. Wa	s Decede			igin? (Spe	ecify Yes or N Rican, etc.)		14. Race	- Americ		-
စ္	or Ite		1 Never Married 2 Ma	rried	Armed Fo 1 ☐ Yes If Yes, Gi				Yes 2		Specify:		nican, etc.)		Specify:	White,		
003	72 hours after death with the Maryland natural', or Items 23a or 28s-1 show dies. Este, it af munt by mellind at	d by	3℃ Widowed 4 Divorce		Year or E	Dates:												
15	"nat	Completed	15. Decede (Specify only high	nt's Edu	cation e <i>completed)</i>		16a. l	Deceden (Give kin life DO	nt's Usual nd of work NOT use	Occupa done d retired	ation <i>furing m</i> os )	st of worki	n <i>g</i>	16b. K	ind of Bus	iness/Ind	lustry	
12	within ene. than "	шc	Elementary/Secondary (0-12)		College (	1-4or 5+)			graph		,			Cro	wn Co	ork a	& Seal	
p	be filed within 72 hours after death with the Marylan stal Hygiene. ed other than "natural", or Items 23a or 28a-1 show event, the Medical Exact in et man be refilled at	BeC	10 years 17. Father's Name (First, Middle	Last)			<del></del>				18. Moth	er's Name	(First, Middle	e, <i>Maid</i> en	Sumame	)		
<u>lar</u>	ould be Mental arked o	ToB	Alexander Mya	:t							Eliz	abeth	n Bell					
Maryland 21215-0036	and and sm		19a. Informant's Name/Relation		pe, Print)			-					al Route Numi					
	りもにゅ		Paul Griffey/	neph	ew	100					-		Timor					
Baltimore,	permit. Pages 1 an Department of Heal Important: If item 2 any injury or other once.		20a, Method of Disposition 1 Darial 2 Commation	3 □ A	lemoval from	State 20	b. Place of l cemetery	Dispositi v, cremat	ion (Name tory or oth	e of her place	θ)	-	eta	20c. Lo	ocation - C	ity or To	wn, State	
Ë	tmen tant:		`4 □Donation 5 □ Other (			Ja	Bayvie						/2006	Ba1	timoı	re, l	Md.	_
Bal	Depar Depar Impo any ir		21. Signature of Funeral Service	License	90	//		So	chim	unek		eral	Home o					
			23a. Part1. Enter the disease, of	r compli	ications that	caused the d	eath. Do no	6 enter t	10 W	• Ma	cPha	il Ro	oad, Be	arrest	r, Mo	1. 2	1014 Approximate	
			shock, or heart failure. Lis Immediate Cause (Final	t only or	ne cause on i	each line.				J. 27	g, 000a.						Interval Between Onset and Death	
	Pnysician /Medical		disease or condition resulting in death)	-		(or as a con	And in case of the last of	<b>ξ</b> \.								-		-
	Examiner					(01 43 4 601)	304001100 0	1/-										
	PAGE.	Je.	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	"	Due to	(or as a con	sequence of	f):										
	ate be executed physician and the burial-transit	Examine	that initiated events	•														
30,	e executana		resulting in death) Last		Due to	(or as a con-	sequence of	f):										
8760,	icate b physic the b	Physician/Medical			i													
9 X	death certificate e attending phys ed for use as the	/Me	IF FEMALE:	2	3c. If yes, ou	tcome of pre	gnancy								23d. Date	of delive	n/	7
Вох	atten atten I for u	clan	23b. Was decedent pregnant in the past 12 months?		1 Live	birth 2 F	etal death		ctopic pre Other (spe						Monti		Day Year	
P.O.	that the de led by the detached	hysi	1 Yes 2 No 9 Unknown	1	9□ Unkn	iown												
	requires that the reen signed by th hould be detache	by P	Part II. Other significan condit	ions cor	ntributing to o	leath but not	resulting in	the unde	erlying ca	use give	n in Part	1.	23e. Did	tobacco u	ise contrib	oute to th	e cause of death?	
rds	v require been sig should b		- D memore	- "	~ rea	1							1 🗆	Yes 2	□No 3	Prob	abiy 4 🐧 Unknown	H
Vital Records,	as b	Completed	COPD										24a. Wa	s an	24b. Wr	ere autor	osy findings available inpletion of cause of	
Œ.	The la	Com											perl 1 ☐ Yes	formed?	de	ath? ] Yes		
/ita	Physician: The this certificate ral director, pag	Be (	25. Was case referred to medic examiner?							Tai		e of Death	(Check only	one)				
of \	Physi this c	5	1 Yes 2 No		-	Inpatient 2			3 DO	100	484141	-	me 5 ☐ Res				9	_
		lon	27. Manner of Death  1 Natural 5 □ Pend		28a. Date (Mor	or injury ith, Day Year	28b. Ti	me or jury	M Z8	lc. Injury Work	rat ⟨? Yes 2 🗀		28d. Describe	now injur	y occurred	a		
Division	ten leat for: the	licat	3 ☐ Suicide 6 ☐ Could		28e. Place	e of Injury · A	At home, fari	m. street	-				28f. Location	(Street an	d Number	or Rura	l Route Number,	-
<u>S</u>	after after Dire	Certification:	4 Homicide deter	nined		ling, etc. (Sp		,	,,					own, State				
	To the Hospital or At within 24 hours after o To the Funeral Direct completely filled in by	edical C			ner: On the b	pasis of exam							and due to the ed at the time					
	To the within 2 To the complet	Med	29b. Signature and title of certifi	er	and mar	ner stated.			29c.	License	number		T	29d. Dat	te signed (	(Month, i	Day, Year)	
	⊢ s ⊢ ŏ		Daw !	5 7	>ز_					0	322	55		Oct.	اءماد	2.	2006	
1	0		30. Name and address of person	n who co	mpleted cau	se of death (	Item 23a) (1	Гуре, Pri	int)		- 2 6	_ , /			,		9	_
(	V		DR. DAVID DUNN	(	515 W.	MACPH	AIL R	OAD,	SUI	TE	106	BE	L AIR,	MD.	2101	4		
	Sta		31. Date filed (Month, Day, Yea		/3	egistrar's Si	8 -	A	N D									
	Registi	ar	OCT 0 3	200	16	ALIS.	S.	603	aced of									

			State of Maryland / Department of Health and Mental Hygiene 2  1- For State Registrar  Certificate of Death  Reg. No.	006 31219
			1. Decedent's Name (First, Middle, Last)  2. Date of Death	3. Time of Death
	Physici /Medio			2006 2355 M
1	Examir			nty of Death
			Gilchrist Baltimore WA	
	Funeral		5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year)	Birthplace (State or Foreign Country)
	Director		220-22-4124 1 M 2/2 85 Yrs. 12/17/1920 Usual Residence of Decedent	MD
	and and		10a. State 10b. County 10c. City, Town or Location	10d. Inside City Limits
	f aho	ō	Baltimore	1 🗷 Yes 2 🗆 No
	28e	Director	10e. Street and Number 10f. Zip Code 10g. Citizen o	of What Country?
	3a o			
	death	Funerai	11. Marital Status  12. Was Decedent Ever in U.S. Armed Forces?  13. Was Decedent of Hispanic Origin? (Specify Yes or No-lif Yes, specify Cuban, Mexican, Puerto Rican, etc.)  14. R. Hispanic Origin? (Specify Yes or No-lif Yes, specify Cuban, Mexican, Puerto Rican, etc.)	ace - American Indian,
9	or ite	F.	Armed Forces?    1 Never Married 2 Married   Armed Forces?   If Yes, specify Cuban, Mexican, Puerto Rican, etc.)   BI   1 Never Married   1 Yes, 2 No   1 Yes, 2 No   1 Yes, 2 No   1 Yes, 2 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No   1 No	lack, White, etc.
93	urali,	d by	∆ 3 02 Wildowed 4 □ Divorced Year or Dates:	Black
21215-0036	within 72 hours after death with the Maryland ene. then "natural", or iteme 23a or 28e-f ahow the Musical Exercit or mail be civilified at	Completed	15. Decedent's Education 16a. Decedent's Usual Occupation 16b. Kind of (Give kind of work done during most of working 16b.	Business/Industry
12	withir then	臣	Elementary/Secondary (0·12) College (1-4or 5+)	- 1 1 .
N	Hygie Hygie other			
an	ould be filed with Mental Hyglene. arked other the atic event. In all	o Be		1110)
Maryland	2 should be filed and Mental Hygi ie marked other eumatic event, I	은	19a. Informant's Name/Relationship (Type, Print)  19b. Mailing Address (Street and Number or Rural Route Number, City or Tow	n. State. Zip Code)
	2 = 2 = 2		Pearline Garrett (daughter) 3807 Harlem Ave Baltimore MD	
Ē,	es 1 e of He fitem r othe		20a. Method of Disposition 20b. Place of Disposition (Name of Date 20c. Location complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, compl	n - City or Town, State
Ē	Pages nent of int: if its iry or o		4 Donation 5 Other (Specify)  Western State	YORY MIN
Baltimore,	permit, Pages 1 ei Department of Hee Important: If Item eny Injury or othe		21. Signature of Funeral Service Licensee  22. Name and Address of Facility Funeral SVC	0.107.10
_	20E 2 9		Valight C. Greene 5151 Balto Nati Pike, Baltimore,	MD 21229
		,	23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart faiture. List only one cause on each line.	Approximate Interval Between
	Physician		Immediate Cause (Final disease or condition a	Onset and Death
1	/Medical Examiner		Due to (or as a consequence )):	
		<u>.</u>	Sequentially list conditions, Tany, leading to immediate  Due to (or as a consequence of):	
12.	nsit	in in	Sequentially last conditions.  Tany, leading to immediate cause. Enter Underlying Cause (Disease or injury)	
$\widetilde{\mathcal{H}_{\mathrm{o}}}$	be executed sicien and burial-transit	Examiner	that inflated events ' c	177
8760,	The law requires that the death certificate be executed is hes been signed by the attending physicien and page 2 should be detached for use as the burial-transit	dicail		
68	tificat ng phy as th	le di		
Вох	eath certific attending p for use as	Z- V- V- V- V- V- V- V- V- V- V- V- V- V-	23b. Was decedent pregnant  1	Date of delivery
Θ.	death	Physician/Med	in the past 12 months?  1   Yes 2   No	Month Day Year
P.0	at the de	Phy	9 Unknown	
Š	res that signed b	۵	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.	ntribute to the cause of death?
oro	w requir been si should	sted	Tes 20 No	3 Probably 4 Unknown
of Vital Records,	The law sete hes t page 2 s	Completed	24a. Was an autopsy	Were autopsy findings available prior to completion of cause of death?
a				1 ☐ Yes 2 ☐ No
V.	2 8 6	Be C	examiner?	16
o	Phy ar this aral di	: To	Thin patient 2 Levo dipatient 3 Dox 4 Noticing Home 5 Residence 6 Do	
ion	Attending r death. ector: After by the funer	tio	1 ☑Natural 5 ☐ Pending (Month, Day Year) Injury Work? 2 ☐ Accident investigation M 1 ☐ Yes 2 ☐ No	
Division	il or Attending F efter death. I Director: After d in by the funera	il lice	3 Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Num City or Town, State)	nber or Rural Route Number,
	pital or A ours efter leral Directilled in by	Certification:	building, etc. (Specify)  City or Town, State)	
	Toepi 4 hou runer ely fill	cai	29a. Certifier (Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly   Check ordly	nanner as stated.
	To the Hospital or within 24 hours ette To the Funeral Dirc completely filled in I	Medical	one) and manner stated.  29b. Signature and title of certifier / 29c. License number 29d. Date sign	
	T × T Ø	_		led (Month, Day, Year)
	•		30. Name and address of person who completed cause of death (Nem 23a) (Type, Print)	nber 27, 2006
	4		30. Name and address of person who completed cause of dealth (Nem 23a) (Type, Print)  W. A. Riley GBMC 6701 N-Charles St. Bolto Md ZiZoy	
80	Sta	te	31. Date filed (Month, Day, Year) 32. Registrar's Signature	
	Registr	ar	OCT 0 3 2006 James It Goods	

		For State Registrar	State of Maryla	nd / Depa	artment of H	lealth and Death		giene (	006	31220
Physici /Medic		Decedent's Name (First, Middle, Last     William J. Jerous	sek				2. Date of Dea Month Septemb	er 29,		3. Time of Death 6:30 P
Examir Funeral	ier	4a. Facility Name (If not institution, given 131 N. Collington 5. Social Security Number 6. S	n Avenue	s. last birthday)	4b. City, Town, or Baltimo	re If Under 24 F	frs. 8. Date of Birt	h	N/A  9. Birthpl	lace (State or Foreign
Director		216-26-7485  Usual Residence of Decedent  10a. State 10b. County	MM 2□F 68	Yrs.	Months Days	Hours M	fin. (Month, Day 07/24/1	938	Mary	
the Maryl.	Director	Maryland N/A  10e. Street and Number	Bal	Ltimore	10f. Zip Code			10g. Citizen	of What Coun	1 Yes 2 □ No try?
ire, Maryland 21215-0036 s 1 end 2 should be tiled within 72 hours after death with the Maryland it health and Mental Hygiene. It health and Mental Hygiene. It marked other then "natural, or items 23s or 28s-f show other traumatic event, the Medical Examinal must be invitilled at	by Funeral	131 N. Collington  11. Marital Status  1 Never Married 2 Married  3 Widowed 4 Divorced	AVENUE  12. Was Decedent Ever in Amped Forces?  1 1 Yes 2 □ No If Yes, Give Year or Dates: 196	1	21231 Was Decedent of H If Yes, specify Cuba	lispanic Origin? an, Mexican, Pu Specify:	(Specify Yes or No- perto Rican, etc.)		State Race - Americ Black, White, o	an Indian, etc.
21215-0036 ad within 72 hours aff gigne. or then "natural", or	Completed	15. Decedent's E. (Specify only highest gra Elementary/Secondary (0-12) 12	ducation	16a. Dece (Give life.	dent's Usual Occup kind of work done of DO NOT use retired	during most of	working	16b. Kind of	f Business/Inc	
Maryland 2 Id 2 should be tiled Ith and Mental Hygi 27 Is marked other traumatic event, I	To Be (	17. Father's Name (First, Middle, Last, Joseph C. Jerouse 19a. Informant's Name/Relationship (	ek	19b. Maili	ng Address (Street	May Me	Name (First, Middle, ertel Rural Route Numbe			Code)
Baltimore, Maperin: Pages 1 end 2 Department of Health a Important: If trem 27 is eny injury or other trau		Rose Jerousek – I  20a. Method of Disposition  1  Surial 2 Cremation 3  4 Opnation 5 Other (Specif	Removal from State	Place of Disponentery, creaint St	osition (Name of matory or other place anislaus	20)	venue Balt 0/04/2006	20c. Locatio	on - City or To	wn, State
Baltir permit. P Departme Importar ony injur		21. Signature of Funeral Service is	Millen	D. 4	01 S. Che	ss of Facility eber Fu ster St	neral Hom reet Balt	es P.A imore,	۸.	and 21231
Physician /Medical		23a. Part 1. Enter the disease, of com shock, or heart failure. List only Immediate Cause (Final disease or condition resulting in death)	plications that caused the de one cause on each line.  a. Non-sma  Due to (or as a conse		_			rest,		Approximate Interval Between Onset and Death  URANS
Box 68760, eath certificate be executed attending physicien and for use as the burial-transit	Ilcal Examiner	Sequentially list conditions if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	b. Due to (or as a consect.  Due to (or as a consect.)	equence oi):						
. 0 0 0	Physician/Med	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 ☐ Yes 2 ☐ No 9 ☐ Unknown	23c. If yes, outcome of preg 1 Live birth 2 Fe 4 Pregnant at time of	tal death 3[	□Ectopic pregnancy □ Other (specify)	,			Date of delive Month	ry Day Year
ecords, P.O. law requires that the d as been signed by the 2 should be detached	þ	Part II. Other significant conditions of	contributing to death but not re	esulting in the u	inderlying cause giv	en in Part I.	23e. Did to			e cause of death? ably 4 □Unknown
The The ate h	Completed							an 24 sy med? 281 No	prior to cor death?	osy findings available inpletion of cause of
of Vita Physician: this certific ral director,	To Be	25. Was case referred to medical examiner?  1  Yes 2 No  27. Manner of Death		☐ ER/Outpatie		er: 4 🗆 Nursin	Death (Check only only only only only only only only	lence 6 🗆 0		")
Division of To the Hospital or Attending Ph within 24 hours atter death. To the Funeral Director: After th completely filled in by the funeral	Certification:	Matural   5   Pending	e 200 Place of Injury At	Injury home, farm, st	M 1	k? Yes 2 □ No		Street and Nu		l Route Number,
Hospital c     24 hours at     Funeral b     Funeral b     Funeral b	dical Ce	(Check only 2 Medical Exar	nysician: To the best of my kinner: On the basis of examin	nowledge, deat	h occurred at the tin	ne, date and pla pinion, death o	ace, and due to the occurred at the time,	cause(s) and	manner as st	ated. the cause(s)
To the h within 24 To the Complete	Med	29b. Signature and title of certifier	and manner stated.		29c. Licens			-	gned (Month, 1	
11641		30. Name and address of person who	completed cause of death (It	em 23a) (Type,	Print)		2123	7	-) 20	) ( Ve
Sta Regist	ate rar	31. Date filed (Month, Day, Year)	32. Postrar's Sig	hature	hall					

			1 - For Ragistrar	State of Maryland	/ Department of Health and Certificate of Death	Mental Hygiene	2000 31221
	Physici /Medio Examir	cal	Decedent's Name (First, Middle, Las	Jackson	4b. City, Town, or Location of Deat	2. Date of Death Sept, 30,	3. Time of Death
	Funeral Director		5. Social Security Number 6. Se 216-20-0687 11 Usual Residence of Decedent	HOSPICE 7. Age (In yrs. Ias M 2XIF 88	t birthday)  If Under 1 Year If Under 24 Hrs.  Months Days Hours Min.		9. Birthplace (State or Foreign Country)
	e Maryland Ba-f ehow	ector	10a. State 10b. County	10c. City, 1	rown or Location altimore		10d. Inside City Limits 1
	death with the Maryland ems 23a or 28a-f e how it must be notified at	Funeral Director	10e. Street and Number  7/2 N. Colli  11. Marital Status	12. Was Decedent Ever in U.S. Amed Forces?	2 / 2 / 5  13. Was Decedent of Hispanic Origin? (S If Yes, specify Cuban, Mexican, Puerl		14. Race - American Indian, Black, White, etc.
-0000	2 hours after atural', or Ita cal Expression	by	1 Never Married 2 Married 3 Widowed 4 Divorced  15. Decedent's Ed.	1 ☐ Yes 2 M No If Yes, Give Year or Dates:	1 ☐ Yes 2 ☒ No Specify:	16b K	Specify: Black
C1717 B	stied within 72 hours after death with Hygiens List Hygiens 23a other than "natural", or items 23a vent, the Mudical Exandral must be	e Completed	(Specify onfy highest grad  Elementary/Secondary (0-12)  17. Father's Name (First, Middle, Last)	College (1-4or 5+)	(Give kind of work done during most of work life. DO NOT use retired)  DOMESTIC WOLL  18. Mother's Nar	Ker Promo (First, Middle, Maiden	ivate Families
laryian	2 should be and Mental Is marked o	To Be	David Ja  19a. Informant's Name/Relationship (7)	ckson ypo, Prini) (daughter)	19b. Mailing Address (Street and Number or Ru	ie E. Si	nith
more, iv	iiit. Pages I and 2 should be filed within 72 hours after death with the Marylar carnent of Heath and Manual Hygiens. Carnent: if item 23 e or 28e-f ehow cortant: if item 27 is marked other than "natural", or items 23e or 28e-f ehow injury or other traumatic event, the Machical Expresser must be invitilled at all.		20a. Method of Disposition  1 Magurial 2 Cremation 3 Cl 4 Donation 5 Other (Specify,	Removal from State	te of Disposition (Name of letery, crematory or other place)	Date 200. La	ocation - City or Town, State
Dail	permit. Pages Department of i Important: If its any injury or o		21. Signature of Funeral Service Licens	L. Kuss	Name and Address of Facility  OS  ON  ON  ON  ON  ON  ON  ON  ON  ON	re Funeral	Home P. A. Maria 121216 Approximate
	hysician /Medical		shots, or heart frure. List only of Immedia: Cause (Final disease or condition resulting in death)	a. On gestive Due to (or as a consequer	Heart Failure	on respiratory arrest,	Interval Between Onset and Death
,00,	re be executed  ysicien and e burial-transit	icai Examiner	Esqueritially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	Due to (or as a consequer  Due to (or as a consequer  d.			Years
O. Box og	res that the death certificate be executed igned by the attending physicien and be detached for use as the burial-transit	Physician/Medi	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 ☐ Yes 2 ☑ No 9 ☐ Unknown	23c. If yes, outcome of pregnanc 1 □ Live birth 2 □ Fetal de 4 □ Pregnant at time of deat 9 □ Unknown	eath 3 Ectopic pregnancy		23d. Date of delivery Month Day Year
cords, r.	The law requires that the death ite has been signed by the atter bage 2 should be detached for u	pleted by Pt	Part II. Other significant conditions co	ntributing to death but not resulti	ng in the underlying cause given in Part I.	23e. Did tobacco u	use contribute to the cause of death?
Ď L		e Comple	25. Was case referred to medical		26 Place of Dec	24a. Was an autopsy performed?  1 Yes 2 2 No	24b. Were autopsy findings available prior to completion of cause of death?  1 ☐ Yes 2 ☐ No
VISION OF VI	or Attending Physician: Itter death. Director: After this certifici in by the funeral director.	ertification; To B	examiner?  1 Yes 2 No  27. Manner of Death 1 Natural 5 Pending 2 Accident investigation	28a. Date of Injury (Month, Day Year)	Other	lome 5 Residence 28d. Describe how injul	
Ž	To the Hospital or Attending F within 24 hours after death.  To the Funeral Director: After completely filled in by the funers	O	3 Suicide 6 Could not be determined	building, etc. (Specify)	e, farm, street, factory, office	City or Town, State	
	To the Hospital within 24 hours a To the Funeral Completely filled	Medical	(Check only one)  2  Medical Example of certifier	iner: On the basis of examination and manner stated.	n and/or investigation, in my opinion, death occu	irred at the time, date and	d place, and due to the cause(s) te signed (Month, Day, Year)
	358		Joron Bad	s ind	I		
2	Sta		30. Name and address of person who of Sason (account of Sason) 31. Date filed (Month, Day, Year)	ompleted cause of death (Item 2:	Charles St. Scite	209, Tou	son (41) 21709
	Registr	rar	OCT 0 3 2006	Allega St.	Commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of th		

DHMH 17 Rev 1/2001

#### Please Type or Print in Black Indelible Ink

State of Maryland / Department of Health and Mental Hygiene Patricia Joyner 1- For State Certificate of Death Registrar 1. Decedent's Name (First, Middle, Last) Date of Death Physician/ Month September 30, 2006 1450 hrs Medical Examiner Patricia Μ. Joyner 4b. City, Town, or Location of Death 4c. County of Death 4a. Facility Name (if not institution, give street and number) 6021 Old Harford Road Baltimore N/A 5 Social Security Number If Under 1 Year If Under 24Hrs 8. Date of Birth (MM/DD/YYYY) 9. Birthplace (State or 6. Sex 7, Age (In yrs. last birthday) **Funeral** Foreign North Months Hours Director Country Carolina 1929 21. 213-26-9174 1 M 2 XF Feb. Usual Residence of Decedent 10c. City, Town or Location 10d. Inside City Limits any 1 X Yes 2 No 23a or 28a-f show notified at once. N/A Baltimore Maryland death with the Maryland Director 10g Citizen of What Country? 10e. Street and Number 6021 01d Harford Road 21214 United States Funeral 12. Was Decedent Ever in U.S. 13. Was Decedent of Hispanic Origin? ( Specify Yes or No. 14 Race - American Indian, Black, 11. Marital Status If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Armed Forces? 1 X X Never Married 2 Married Yes 9 White 1 Yes 2 X No specify: Specify hours after Widowed Divorced If Yes, Give Year marked other than "natural", c event, the Medical Examiner \$ 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done 16b Kind of Business/Industry Completed during most of working life. DO NOT use retired) Elementary/Secondary (0-12) College (1-4 or 5+) Pages 1 and 2 should be filed within 72 lent of Health and Mental Hygiene State of Maryland MD 21215-0036 12 yrs. Clerk 17. Father's Name (First, Middle, Last) 18.Mother's Name (First, Middle, Maiden Surname) Be Ethel Stone Harvy Joyner 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) ont of Health and Nort: If item 27 is not better traumatic Hildagrade J. Martin / Sister 35 Margate Road Lutherville, Maryland 21093 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, Date 20c. Location - City or Town, State Baltimore, Burial 2 X Cremation 3 crematory or other place) Removal from State permit Pages
Department or
Important: I Hilltop Service Corp. 10/3/2006 Towson, Maryland Donation 5 22. Name and Address of Facility 5305Harford Rd. Baltimore, MD 21214 Michael E. Canapp Leonard J. Ruck, Inc. or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart Approximate Interval Between Onset and 23a, Part I. Enter the disease, or complication failure. List only one cause on each line **Physician** /Medical Death Atherosclerotic cardiovascular disease Immediate Cause (Final disease Examiner or condition resulting in death) Due to (or as a consequence of): Sequentially list conditions Due to (or as a consequence of): if any, leading to immediate cause. Enter Underlying Cause Examiner (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): and Physician/Medical X UNPENDED #23a,27,perME,g860, 10/26/06 TT certificate be Box 68760, IF FEMALE 23c. If yes, outcome of pregnancy 23d Date of delivery 3b. Was decedent pregnant in the Live birth 3 Ectopic pregnancy Day Fetal death Year past 12 months? Pregnant at time of death 5 Other (Specify) 1 Yes 2 V No 9 Unknown Unknown Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? Records, P.O. ð 1 Yes 2 No 3 Probably 4 V Unknown Completed 24a. Was an 24b. Were autopsy findings available prior to completion of cause of autopsy performed? 1 🗸 Yes After this certificate ✓ Yes 2 No To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifi 25. Was case referred to medical 26.Place of Death (Check only one) Division of Vital Be Other₄ Hospital: 1 Inpatient ER/Outpatient 3 DOA Nursing Home 5 Residence 6 V Other: Scene 1 Yes 28a. Date of Injury (Month, Day, Year 28c. Injury at Work? 28d Describe how injury occurred 28b. Time of Injury 27. Manner of Death Certification: 1 X Natural 1 Yes 2 No 5 Pending the 2 Accident Investigation 28e. Place of Injury - At home, farm, street, factory, office building, etc. 28f. Location (Street and Number or Rural Route Number, City Suicide Could not be or Town, State) Homicide 29a, Certifier (Check only Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as started Medical 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) one) and manner stated. 29b. Signature and title of certifier 29c. License numbe 29d Date signed (Month, Day, Year) O.C.M.E October 1, 2006 TR cause of death (Item 23a) Name and address of person who complet Theodore M. King, Jr., MD. Assistant Medical Examiner 111 Penn Street, Baltimore, MD 21201 31. Date filed (Month_Day, Year) 32 Registrar's Signature State 2006 Registrar

State of Maryland / Department of Health and Mental Hygiene 1 - For State Registrar Reg. No. 2006 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Year CATHERINE WILLIAMS KNOTT OCTOBER 2,2006 8:20P M /Medical 4a. Facility Name (If not institution, give street and number)
Saint Joseph Medical 4c. County of Death 4b. City, Town, or Location of Death Examiner Center Towson Baltimore If Under 1 Year If Under 24 Hrs. 8. Date of Birth Months Days Hours Min. December 24 10 3 12 Social Security Number 6. Sex 7. Age (In yrs. last birthday) 93 Yrs. 9. Birthplace (State or Foreign **Funeral** 1 ☐ M 2**XX**F Maryland Director 215-03-6380 Usual Residence of Decedent filed within 72 hours after death with the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or iteme 23a or 28a-f ehow the Medical Examiner must be notified at 1 ☐ Yes 2√√No Funeral Director Maryland Baltimore Towson 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1055 West Joppa Road #535 21204 USA 12. Was Decedent Ever in U.S. Armed Forces? 1 ☐ Yes / 21 No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11. Marital Status 1 ☐ Never Married 2 ☐ Married 1 □ Yes XX No Baltimore, Maryland 21215-0036 Specify: δ XX Widowed 4 □ Divorced White Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry I Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) permit. Pages 1 and 2 should be filled wil Department of Health and Mental Hygient Important: if tem 27 is marked other that eny injury or other treumatic event, IDE, 9006. Homemaker Own Home 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be William Henry Williams Sr Mary Brannan 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) Robert C Knott GrSon 1875 Eye Street NW Suite 900 Washington, DC 20006 20a. Method of Disposition
1 XXBurial 2 ☐ Cremation 3 ☐ Removal from State 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State Druid Ridge Cemetery 10/6/06 Pikesville, Maryland 4 □ Donation 5 □ Other (Specify) 22. Name and Address of Facility Mitchell-Wiedefeld Funeral Home Inc 21. Signature of Funeral Service Licensee 6500 York Road Baltimore, Maryland 21212 23a. Part1. Enter the diseste, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final CHRONIC RENAL FAILURE **Physician** disease or condition resulting in death) /Medical Due to (or as a consequence of): Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events Due to (or as a consequence of): Examiner attending physicien and for use as the burial-transit To the Hospital or Attending Physicien: The law requires that the death certificate be executed resulting in death) Last Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physiclan/Medical IF FEMALE: 23c. If yes, outcome of pregnancy 1 Live birth 2 ☐ Fetal death 23d. Date of delivery 23b. Was decedent pregnant 3 Ectopic pregnancy in the past 12 months?

1 Yes 2 No
9 Unknown Month Day 4 Pregnant at time of death 5 ☐ Other (specify) 9 Unknown s been signed by t should be detach Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? Completed by 21000 CONGESTIVE HEART FAILURE 1 ☐ Yes 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause of 24a. Was an autopsy prior to comp death? performed/ Yes 2 1 Yes 25. Was case referred to medical examiner? Be 26. Place of Death | Check only on Hospital: 1 Yes 20 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 [] Isuatient ۵ 2 ER/Outpatient 3 DOA To the Funeral Director: After the completely filled in by the funeral 28a. Dale of Injury (Month, Day Year) 27. Manner of Death 1 Deatural Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide within 24 hours a 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) D0017695 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) M. D. 7601 32 Registrar's Signature OŞLER DRIVE TOWSON, MARYLAND 21204 ABDALLAH J. HELOU 7601 31. Date filed (North, Pan Ygar) 2006 State DOALS. Registrar

DHMH 17 Rev 1/2001

Registrar
DHMH 17 Rev 1/2001

6

State

timore, MI

Sal

2. Registrar's Signature

Kaven

30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 5601

INR

0 3 2006

31. Date filed (Month, Day, Year)

			r iease i	Olean of Manufacture				-	_	
		•	For State Registrar	State of Marylar	•	iment of F ficate of			200/	3 1 2 2 5
			Hegistrar     Decedent's Name (First, Middle, Last)	)	. / l	ilcate of	Death	2. Date of Death	3. No. Z U U t	3. Time of Death
	Physici		Marie Sa	MICKI	Kil	Kous	SKI	Month 2	7-200°	1110PM
	/Medic Examin	-	4a. Facility Name (If not institution, give	street and number)	4	b. City, Town, o	r Location of Death		4c. County of De	ath
			Gilchrist (	enter		Tow	son		Balt	more
	Funeral		5. Social Security Number 6. Sex	7. Age (In yrs.		f Under 1 Year fonths Days	If Under 24 Hrs. Hours Min.	8. Date of Birth (Month, Day)	(ear) / 9. Bi	rthplace (State or Foreign ountry)
	Director		Usual Residence of Decedent		8 /			12/8/1	927 1	naryiana
	nylenc how		10a. State 10b. County	10c. Ci	ty, Town or Locat	tion				10d. Inside City Limits
	8a-f	cto	MD Harto	ord	Delair					1 Yes 2 No
	ges 1 and 2 should be filed within 72 hours after death with the Marylend to Health and Mental Hygiene. If item 27 is marked other than "natural", or iteme 23s or 28s-f show or other traumatic avent, the Medical Examinar must be notified at	Funeral Director	10e. Street and Number	bure we	Vs	10f. Zip Code	1014	109	g. Citizen of What C	ountry?
	heath me 23	eral	11. Marital Status	12. Was Decedent Ever in U	I.S. 13. Wa	s Decedent of H	dispanic Origin? (Spean Mexican, Puerto	cify Yes or No-	14. Race - Am	
9	or ite	Fur	1 Never Married 2 Married	Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give		es, specify Cuba ]Yes 2⊡No		Rican, etc.)	Black, Wh	ite, etc.
Maryland 21215-0036	within 72 hours after ene. than "natural", or ite	Completed by	3 Widowed 4 Divorced	Year or Dates:		MI .			Specify: (	), I, C
7	n 72 i	olete	15. Decedent's Edu (Specify only highest grade	e completed)	(Give kin	t's Usual Occup d of work done NOT use retired	during most of worki	ng 16	6b. Kind of Busines	,
212	d with	шо	Elementary/Secondary (0-12)	College (1-4or 5+)	/	Home	./		ati	tome
힏	be filed tal Hygi d other avent, I	Bec	17. Father's Name (First, Middle, Last)	/ `			18. Mother's Name	(First, Middle, Ma	aiden Surname)	
ylaı	should bant and Ments	70	raul sa	WICKI			Helei	7 16	idor	
Mar	id 2 sh Ith and 27 is m traum	8 3	19a. Informant's Name/Relationship (Ty	pe, Print) Spouse	19b. Mailing A	Address (Street	and Number or Rura	l Route Number,	ity or Town, State,	Zip Code)
ē,	1 and Healt tem 2		20a. Method of Disposition	20b. I	Place of Dispositi	on (Name of		ate 20	oc. Location - City o	Town, State
Ē	Pages nent of int: if it		1 ☐ Burial 2 ☑ Cremation 3 ☐ R 4 ☐ Donation 5 ☐ Other (Specify)	emoval from State	cemetery, cremat (ans Fun	eral Hy	ne 10/2	106 F	nrest 1	tillmn
Baltimore,	nit.	1	21. Signature of Funeral Service Licenter		220	are and Apple	STATESHEY d	rapel a	nd cremo	anoy Service
<u>m</u>	Dep Imp		Musely Ge	JU/Ola		KUIIK !			a fack	
П			23a. Part1. Enter the disease or complishock, or heart failure. List only or	cations that caused the dear	th. Do not enter t	the mode of dyir	ng, such as cardiac o	r respiratory arres	t,	Appfoximate Interval Between Onset and Death
į	Physician /Medical		Immediate Cause (Final disease or condition resulting in death)		inial	Item or	rhage		- <u></u>	Dex
	Examiner			Due to (or as a consec	-					Vac 05
		Jer	Sequentially list nonditions if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	Due (or as a consec						years
9	cuted nd transit	Examiner	that initiated events	:						
,092	be executed icien and burial-transit		resulting in death) Last	Due to (or as a consec	quence of):					
687	physicate to the physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical phys	dical		j						
Box 6	certif nding use a:	n/Me	IF FEMALE: 23b. Was decedent pregnant	3c. If yes, outcome of pregna					23d. Date of de	alivery
œ.	death	by Physician/Med	in the past 12 months? 1 ☐ Yes 2 No	1 ☐ Live birth 2 ☐ Feta 4 ☐ Pregnant at time of a 9 ☐ Unknown		topic pregnancy ther (specify)	/		Month	Day Year
P.O.	at the 1 by th stache	Phys	9 Unknown					T		
S,	The law requires that the death certificate be executed ate has been signed by the attending physicien and bage 2 should be detached for use as the burial-transit	þ	Part II. Other significant conditions cor	itributing to death but not res	sulting in the unde	erlying cause giv	en in Part I.	23e. Did toba		robably 4 Unknown
Š	v requ been shouk	etec						24a. Was an		
Division of Vital Records,	he lav e has	Completed						autopsy performe	ed?   death?	utopsy findings available completion of cause of
ta	an: T	BeC	25. Was case referred to medical		-		26. Place of Death		No 1 □ Ye	s 2ETNo
$\bar{\leq}$	hysici nis cer	To B	examiner? 1 Yes 2 No	lospital: 1 ☐ Inpatient 2 ☐	ER/Outpatient	3□ DOA Oth			ce 6 Dother (Sp.	ecity) Hospicc
0 0	ing PI		27. Manner of Death 1 → Natural 5 □ Pending	28a. Date of Injury (Month, Day Year)	28b. Time of Injury	28c. Injur Wor	k?	8d. Describe how	injury occurred	
isio	ttend death stor: /	Icat	2 Accident investigation 3 Suicide 6 Could not be	28e. Place of Injury - At h	ome form street		Yes 2 □No	19f Location (Stre	et and Number or F	lural Route Number,
Ď	after after Direct	Certification:	4 Homicide determined	building, etc. (Special	fy)	, ractory, office		City or Town,	State)	lurzi moule iyumber,
	To the Hospital or Attending Physician: The law within 24 hours after death.  To the Funeral Director: After this certificate has completely filled in by the funeral director, page 2.8		29a. Certifier 1 → Certifying Phys (Check only 2 → Medical Exami	sicien: To the best of my kno	owledge, death or	ccurred at the tir	me, date and place, a	and due to the cau	se(s) and manner a	s stated.
	the Hin 24 the Fi	Medical	one)	ner: On the basis of examina and manner stated.	ation and/or inves					
	To To con	-	29b. Signature and title of certifier	0 - 1 -		29c. Licens	61199		J. Date signed (Mon	
	^		30. Name and address of person who co	ampleted cause of death the	n 23a) /Tuna S-1				oct. I, i	
	10		2)	5565 No.12 C	halless	treet So	ite 209	Tows	on acc	21204
	Sta	-	31. Date filed (Month, Day, Year)	32 Registrar's Signa	ature	B 6		V-		
	Registr	ar	OCT 0 3 200	6 Maries 1	The Charles	Calman .				

9.29.06

Kilkmusk, , Marie

Please Type or Print in Black Indelible Ink. Ensure All Copies Are Legible. Amend item#1, per/D, 2800, 10/3/00 IT Department of Health and Mental Hygiene 31226 Certificate of Death 1. Decedent's Name (First, Middle, Last) Irene Virginia Cwalina Loetell 2. Date of Death **Physician** 2006 NO /Medical 4b City, Town, or Location of Death
Parkville W 4a. Facility Name (If not institution, give street and number) 4c. County of Death Examiner 11109 Battimore CIMY If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Oay, Year) 5. Social Security Number 7. Age (in yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Days Months 1 □ M 217 F 95 Yrs. 214-76-2650 Director Sept 30, 1911 Maryland Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-1 show other traumatic event, the Medical Examiner must be notified at 1 ☐ Yes 2 X No Directo Baltimore County Maryland Parkville 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? or itema 23a or 8832 Walther Blvd Funeral 21234 12. Was Decedent Ever in U.S. Armed Forces?

1 Yes 2 No If Yes, Give 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status 14 Race - American Indian Black, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 ☑ No þ Specify: Specify: 3 Widowed 4 □ Divorced White Year or Dates: "naturel" Completed 15. Decedent's Education 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Specify only highest grade completed) (Give kind of work done during most of working life. DO NOT use retired) permit. Pages 1 and 2 should be filed withir Department of Health and Mental Hygiene. Important: If item 27 is marked other then any injury or other traumattc event, If a Me. Elementary/Secondary (0-12) College (1-4or 5+) 12 Homemaker Own Residence 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Boleslaw N. Cwalina Teofila Golanski 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 13803 Sea Captain Road, Ocean City, Maryland 21842 Joseph W. Loetell, Jr. 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Baltimore Cemetery 10/4/2006 Baltimore, Maryland 21. Signature of Function Service Auron

Martin D. Layson 22. Name and Address of Facility 21. Signature of Function Section (Figure 22). Name and Address of Facility

Mitchell-Wiedefeld Funeral Home, Inc.

6500 York Road, Baltimore, Maryland

21212

23a. Part. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,

Approximate Interval Between Onset and Death

Cause (Final) tmmediate Cause (Final disease or condition resulting in death) Physician neumonia weel /Medical Due to (or as a consequence of): Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that in titated events resulting in death) Last Due to (or as a consequence of): Examiner Due to (or as a consequence of): Physician/Medical IF FEMALE: 23c. If yes, outcome of pregnancy
1 ☐ Live birth 2 ☐ Fetat death
4 ☐ Pregnant at time of death 23b. Was decedent pregnant in the past 12 months?
1 ☐ Yes 2 ☐ No 23d. Date of delivery 3 Ectopic pregnancy Month Year Day 5 Other (specify) 9☐ Unknown 9 ☐ Unknown Part II. Dther significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? Completed by brain tumor 1 Yes 2 No 3 Probably 4 Chrknown dementia 24b. Were autopsy findings available prior to completion of cause of death?

1 ☐ Yes 2 ☐ No 24a. Was an autopsy performed? 28 No 1 ☐ Yes 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Certification: To 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28b. Time of 28d. Describe how injury occurred 5 Pending investigation 1 Natural 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be 3 ☐ Suicide in by t Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) determined 4 - Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29a. Certifie

or Attending Physician: The law requires that the death certificate be executed P.O. | Division of Vital Records, After this certification funeral director, death. Il Director: A within 24 hours after To the Funeral Dire pelli ë

D

0

Baltimore, Maryland 21215-0036

State Registrar 31. Date filed (Month, Day, Year) OCT 0 3

Karen

29b. Signature and title of certifier

DYIT. MD 32. Registrar's Signature 2006

m

address of person who completed cause of death (Item 23a) (Type, Print)

8800 Walther Blvd, Parkville, MD 21234

29c. License number

100304

29d. Date signed (Month, Day, Year)

3001

1013

10

State of Maryland / Department of Health and Mental Hygiene 20061 - For State Registrar Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month Year INDE SEP 8 02 PM 30 2006 /Medical 4b. City, Town, or Location of Death 4a. Facility Name (If not institution, give street and number) 4c. County of Death Examiner AGNES BALTIMORE HOSPITAL If Under 1 Year | If Under 24 Hrs. 5. Social Security Number 6. Sex. 1 X M 2 ☐ F 7. Age (In yrs. Jast birthday) B. Date of Birth (Month, Day, Year) FPRIL 30, 1932 9. Birthplace (State or Foreign Country) **Funeral** Days Months 74 Yrs. 136-24-689 Director Usual Residence of Decedent the Maryland 10b. County 10a State 10c. City. Town or Location 10d. Inside City Limits other than "naturel", or items 23a or 28a-f show vent, the Madical Examiner must be notified at CATONSVILLE BALTIMORE 1 ☐ Yes 2 No Director 10e. Street and Number 10g. Citizen of What Country? 520 BLYD U.S.A death by Funeral 12. Was Decedent Ever in U.S. Armed Forces?. Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. Pages 1 and 2 should be filed within 72 hours after nent of Health and Mental Hygiene. 1 Never Married 2 Married 1 Yes 2 No If Yes, Give Year or Dates: Baltimore, Maryland 21215-0036 1 ☐ Yes 2 📉 No Specify: WHITE Specify: 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) NELDER 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) 1 HOMAS LINDELL ၉ 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Department of Health a Important: if Item 27 is any Injury or other training once. CATONSVILLE 20b. Place of Disposition (Name of cemetery, crematory or other p 20a. Method of Disposition
1 □ Burial 2 □ Cremation 3 □ Removal from State
4 □ Donation 5 □ Other (Specify) Date 2 21. Signature of Funeral Service Licensee 22. Name and Address of Facility 1224 23a. Part. Enter the disease, or confilications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) EMPHYSEMA **Physician** EARS /Medical Due to (or as a consequence of): Examiner PULMONARY HRONIC UBSTRUCTIVE YEARS Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Examiner Due to (or as a consequence of): attending physicien and I for use as the burial-transit Due to (or as a consequence of) Box 68760 Completed by Physician/Medical 23c. If yes, outcome of pregnancy 1 ☐ Live birth 2 ☐ Fetal death 23b. Was decedent pregnant in the past 12 months?

1 Yes 2 No 23d. Date of delivery 3 Ectopic pregnancy signed by the atte Month Day 4 Pregnant at time of death 5 Other (specify) Records, P.O. 9 Unknown 9 Unknown Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? HYPERTENSION 3 Probably 4 □Unknown 1 XYes 2 □ No page 2 should 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an has autopsy performed? certificate 2□ No 1□ Yes 2☑ No 1 Tes of Vital within 24 hours after death.

To the Funeral Director: After this certific completely filled in by the funeral director, 25. Was case referred to medical examiner? Medical Certification; To Be 26. Place of Death (Check only one) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 ☑ No 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Division or Attending 5 Pending investigation 1 Natural Injury 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 ☐ Homicide o the Hospital 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier 29b. Signature and title of certifier 29d. Date signed (Month, Day, Year) lalow 2095 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 900 CATON MUDDASSIR AVE BALTIMORE MD 21229 32. Registrar's Signature 31. Date filed (Month, Day, Year) State OCT 0 3 2006 Registrar

			1 - For State Registrar		ryland / De	partment ertificate	of Health of Death	and Mental F		06 3122
	Physic /Medi Examir	cal	Decedent's Name (First, Middle, Last,     Alice Virginia     4a. Fecility Name (If not institution, give	Lehman		4b. City, To	wn, or Location		nber 28, 2 4c. County	
	Funeral Director		Stella Maris  5. Social Security Number  213-26-9804  6. Security Number		(In yrs. last birthda 75 Yrs.	y) If Under 1	Year If Under Days Hours	24 Hrs. 8. Date of (Month, Man c)	Bala Birth Day, Year) 19,1931	timore  9. Birthplace (State or Foreign County) Maryland
	D.	ctor	Usual Residence of Decedent 10a. State 10b. County Maryland Baltimore		10c. City, Town or	Location Ly Hall		Moder	. 7,1751	10d. Inside City Limits 1 □ Yes 2 ☑ No
	th with the 23s or 28	ai Dire	10e. Street and Number 4260 Chapel Road			10f. Zip Co	ode 2112	8	10g. Citizen of V	/hal Country?
6:20 р.m. 5-0036	ĕ <b>≅</b> ≅	d by Funeral Director	11. Marital Status  1 □ Never Married 2 □ Married  3 ☑ Widowed 4 □ Divorced	12. Was Decedent E Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates:	ver in U.S. 13	Was Decedent If Yes, specify 1 ☐ Yes 2X		igin? (Specify Yes or n, Puerto Rican, etc.)	No- 14. Race Blac Specify	e - American Indian, k, White, etc. : White
SEPTEMBER 28, 2006 6:20 p	ed within 72 h ygiene. nor than "natu	Completed	15. Decedent's Edu (Specify only highest grade Elementary/Secondary (0-12)	calion e <i>completed)</i> College (1-4or 5+	(Giv	edent's Usual ( re kind of work of DO NOT use of	done during mos retired)			on Home
3, 20	ould be fill Mental H varked ott	To Be		er, Sr.			Al	er's Name (First, Midd ice Virgi	nia Sper	icer
BER 28,	s 1 and 2 sh f Health and item 27 ie m other traum		19a. Informant's Name/Relationship (Ty Nota E. Dietz 20a. Method of Disposition	(daughte	7) 426	0 Chape	l Road,	er or Rural Route Nur Perry Hal Date	l, MD 211	
SEPTEMBER Railimore	permit. Page Department o Important: If any Injury or once.	100	1 XBurial 2 Gremation 3 GR 4 Donation 5 Other (Specify) 21. \$ignature of the gal Service Legisland	)	Holly H	CL Mem 22. Name and A	L Gard.	. 10/02/06 ♥ Schimune ., Baltimo	k Funeral	
3760		licai Examiner	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any search a sequentially list conditions, if any search a sequentially list conditions, if any search a sequentially list conditions, if any search a sequentially list conditions, if any search a sequential list is a sequential list of the sequential list of the sequential list of the sequential list of the sequential list of the sequential list of the sequential list of the sequential list of the sequential list of the sequential list of the sequential list of the sequential list of the sequential list of the sequential list of the sequential list of the sequential list of the sequential list of the sequential list of the sequential list of the sequential list of the sequential list of the sequential list of the sequential list of the sequential list of the sequential list of the sequential list of the sequential list of the sequential list of the sequential list of the sequential list of the sequential list of the sequential list of the sequential list of the sequential list of the sequential list of the sequential list of the sequential list of the sequential list of the sequential list of the sequential list of the sequential list of the sequential list of the sequential list of the sequential list of the sequential list of the sequential list of the sequential list of the sequential list of the sequential list of the sequential list of the sequential list of the sequential list of the sequential list of the sequential list of the sequential list of the sequential list of the sequential list of the sequential list of the sequential list of the sequential list of the sequential list of the sequential list of the sequential list of the sequential list of the sequential list of the sequential list of the sequential list of the sequential list of the sequential list of the sequential list of the sequential list of the sequential list of the sequential list of the sequential list of the sequential list of the seque	Due to (or as a	consequence of):					
O Box 68	000	by Physician/Med	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 ☐ Yes 2 📆 No 9 ☐ Unknown	3c. If yes, ouIcome of 1 □ Live birth 2 4 □ Pregnant at ti 9 □ Unknown	Fetal death 3	□Ectopic pregr □ Other (speci			23d. Date Mon	e of delivery th Day Year
E LEHMAN	w requ been shoul	Completed by Ph	Part II. Other significant conditions con	tributing to death but	not resulting in the	underlying caus	se given in Part I	24a. Wi	Yes 2 No as an 24b. W p formed?	bute to the cause of death?  3 Probably 4 Nunknown  fere autopsy findings available rior to completion of cause of eath?  Yes 2 No
ALICE	ing Phy n. After this funeral d	Certification: To Be	27. Manner of Death  1 X Natural  2 Acciden   3 Suicide 6 Could not be	28a. Dale of Injury (Month, Day	t 2 ER/Outpatie  Year) 28b. Time Injury	of 28c.	Other: 4 Nu Injury al Work? 1 Yes 2	No	e how injury occurre	ed .
Ş	To the Hospital or Attend within 24 hours after docard to the Funeral Directors completely filled in by the		4 Homicide determined  29a. Certifier Check only 2 Medical Examin	building, etc.	(Specify)			City or 1	own, State)	or or Rural Route Number, uner as stated. Indidue to the cause(s)
•	To the H within 24 To the F complete	Medical	29b. Signature and title of pertifier  30. Name and address of person who co	)		29c. Li	cense number	124	29d. Date signed	(Month, Dey, Year)
	Sta Registr		DR. TARIQ MAHMOO 31. Date filed (Month, Day, Year)	D 2300 DI	JLANEY VA	LLEY RD	. TIMO	NIUM,MD 2	1093	

Please Type or Print in Black Indelible Ink. Ensure All Copies Are Legible.
AMIND TTEM#23b perPHYS. C860, 10/24/06, WS
State of Maryland Department of Health and Mental Hygiene 0 6 31229 Certificate of Death Reg. No. 2. Date of Death 1. Decedent's Name (First, Middle, Last) 3. Time of Death Day Year offatt 1:45 AM 06 01 10 2006 4c. County of Death 4b. City, Town, or Location of Death 4a. Facility Name (If not institution, give street and number) ESSCX Baltimore Apt. D Purchase 1302 QUEEns If Under 1 Year If Under 24 Hrs.
Months Days Hours Min. 8. Date of Birth (Month, Day, 23/31/ Birthplace (State or Foreign Country) 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) 1 □ M 2 🛪 F 93 Yrs. 913 50 214-24-070 Usual Residence of Decedent 10c. City, Town or Location 10d. Inside City Limits 10b. County 1 ☐ Yes 2 🗖 No ESSEX Baltimore 10f. Zip Code 10g. Citizen of What Country? 10e. Street and Number Purchase Rd. Apt. D 1302 Queens 91991 14. Race - American Indian, Black, White, etc. 12. Was Decedent Ever in U.S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 1 Never Married 2 Married 1 ☐ Yes 2 🛣 No Specify: Specify: 3 ₩idowed 4 Divorced Black 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Laundry PRESSER 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Josh Mayfield Hassie Baker 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) (daughter) Barbara Ellis 1302 Queens Purchase Rd A+D Essex, MD 21221 20b. Place of Disposition (Name of cemetery, crematory or other place) Date 20c. Location - City or Town, State 20a. Method of Disposition

Priysician /Medical **Examiner** 

**Physician** 

/Medical

Examiner

Director

Funeral

þ

Completed

Be

10a, State

MD

**Funeral** 

Director

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or Items 23a or 28s-f show any injury or other treumatic event, tra Medical Examinar must be notified at once.

Baltimore, Maryland 21215-0036

		6)
To the Hospitel or Attending Physician: The law requires that the death certificate be executed within 24 hours after death.	To the Funeral Director: After this certificate has been signed by the ettending physician and completely filled in by the funeral director, page 2 should be detached for use as the burlal-transit	Medical Certification: To Be Completed by Physician/Medical Examiner

Division of Vital Records, P.O. Box 68760,  ${\mathscr S}$ 

<ul><li>4 □ Donation 5 □ Other (Special Signature of Funeral Service Lie</li></ul>		ing Park	10/0	12006 Ro	indalls toi	0n
Youghn C	Greene	5151 E	nd Address of Facility Fu Bathe North Pi		ore, MD	21239
23a. Part1. Enter the disease, or co shock, or heart failure. List on Immediate Cause (Final disease or condition resulting in death)	mplications that caused the dealty one cause on each line.  a	2 CANCE	de of dying, such as cardia	ac or respiratory arrest,		Approximate Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	b					
	d					
IF FEMALE: 23b. Was decedent pregnant in the past 12 months?  The 2 M No 9 Unknown	23c. If yes, outcome of pregn 1 □ Live birth 2 □ Fet 4 □ Pregnant at time of o 9 □ Unknown	al death 3 □Ectopic p			23d. Date of de Month	livery Day Year
Part II. Other significant conditions	contributing to death but not re-	sulting in the underlying	cause given in Part I.			o the cause of death?
				24a. Was an autopsy performed	prior to death?	utopsy findings availab completion of cause o
25. Was case referred to medical			26. Place of De	eath (Check only one)		
examiner? 1 Yes 2 No	Hospital: 1 Inpatient 2	ER/Outpatient 3 D	OA Other: 4 Nursing	Home Residence	6 □Other (Spe	ecify)
27. Manner of Death  1 □ Natural 5 □ Pending 2 □ Accident investigat	28a. Date of Injury (Month, Day Year)	28b. Time of Injury M	28c. Injury at Work? 1 ☐ Yes 2 ☐ No	28d. Describe how in	njury occurred	
3 Suicide 6 Could not 4 Homicide determine		nome, farm, street, factor (fy)	y, office	28f. Location (Street City or Town, St	and Number or R ate)	ural Route Number,
29a. Certifying (Check poly one)  1 Certifying 2 Medical Ex	Physician: To the best of my kn aminer: On the basis of examin- and manner stated.	owledge, death occurred ation and/or investigation	at the time, date and place, in my opinion, death occ	e, and due to the cause curred at the time, date a	e(s) and manner a and place, and du	s stated. e to the cause(s)
39b. Signature and title of sertifier-		29	c. License number	29d 1	Date signed (Moni	th Day Year)

D0080560

BACKRIVER NECK RD # 109 BALTIMORE, MB-210

OCTOBER 2, 2006

DHMH 17 Rev 1/2001

4

Registrar

State

completed cause of death (Item 23a) (Type, Print)

201 32. Registrar's Signature

tokpar

OCT 0 3 2006

31. Date filed (Month, Day, Year)

DHMH 17 Rev 1/2001

OCTOBER

MARION MOULDEN

Please Type or Print in Black Indelible Ink. Ensure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 2006

Registrar Amend item#29c, perDVR, C860, 10/3/06 TCertificate of Death

Reg. No. 31231 1. Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** McKissick DAVID 2006 /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death Examiner 4c. County of Deeth Baltimore pital If Under 1 Year | If Under 24 Hrs. Social Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) 5-9-1946 6. Sex Birthplace (State or Foreign Country) **Funeral X** M 2□ F Days Hours Director 218-44-4554 60 MD Usual Residence of Decedent 10a. State 10b. County ms 23e or 28a-f show must be notified at 10c. City, Town or Location 10d. Inside City Limits MD Director Baltimore Essex 1 Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 2244 Vandermast Lane or Items 23e USA Completed by Funeral 21221 11. Marital Status 12. Was Decedent Ever in U.S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, permit. Pages 1 and 2 should be filed within 72 hours after d Department of Health and Mental Hygiene. Important: If tem 27 is marked other than "natural", or iten morety injury or other traumatic event, the Medical Exercited 2008. Amed Folces.

1X Yes 2 No
If Yes, Give
Year or Dates: Vietnam Bleck, White, etc. 1 Never Married 2 Marned Baltimore, Maryland 21215-0036 1 □ Yes 2 No Specify: Specify: White 3 Widowed 4 Divorced 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 12 Noble Logistics 2+ Supervisor 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) David C. McKissick, Sr. Betty Lou Dugan 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Carmen McKissick - Wife 2244 Vandermast Lane, Baltimore, MD 21221 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State t Burial 2X Cremation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Bayview Crematory 9-30-2006 Baltimore, MD 22. Name and Address of Facility Bradley-Ashton Funeral Home, 21. Signature of Funeral Service Licensee PA, 2134 Willow Spring Road, 21222 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Betw Immediate Cause (Final disease or condition resulting in death) Physician pturec /Medical Due to (or as a consequence of) **Examiner** Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): Physicism: The law requires that the death certificate be executed as the burial-transit the attending physician and Due to (or as a consequence of) Division of Vital Records, P.O. Box 68760 Physician/Medical IF FEMALE for use 23c. If yes, outcome of pregnancy 1 ☐ Live birth 2 ☐ Fetal death 23b. Was decedent pregnant 23d. Date of delivery 3 Ectopic pregnancy in the past 12 months? 4☐Pregnant at time of death 5 Other (specify) signed by the a ☐Yes 2☐No 9 Unknown 9 Unknown Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? à 1 Yes 2 No 3 Probably 4 Unknown Completed peeu 24a. Was an 24b. Were autopsy findings available prior to completion of cause of death? has autopsy performed2 Yes 2 ≥ No certificate 2 1 No 1 Yes 1 Yes Be 25. Was case referred to medical 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No မ 2 Proutpatient 3 DOA Certification: 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of Injury 28c. Injury at Work? 28d. Describe how injury occurred 1 Natural 5 Pending investigation 1 Yes 2 No 2 Accident Director: 6 Could not be 3 Suicide Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide within 24 hours after To the Funeral Dire 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. Medical (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) SEPTEMBER 28, 2006 RES-00000 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Franklin Square Drive Batto MO21237 TIL 32. Registrar's Signature 31. Date filed (Month, Day, Year) State 2008 Later Se Registrar DHMH 17 Rev 1/2001

			For State Registrar	State of Maryland /	-	rtment of H			jiene leg. No. 20	06	31232
	Physicia		1. Decedent's Name (First, Middle, Las	Anna Louise	Mooi	re		2. Date of Dea Month Septemb	er 28, 2	2006	3. Time of Death 7:30 A M
,	/Medic Examin		4a. Facility Name (If not institution, give	street and number)		4b. City, Town, or	Location of Death		4c. County of	f Death	
			Home; 16 Venturi			Middle				imore	
	Funeral Director		300-36-9941	ex	Yrs.	Months Days	If Under 24 Hrs. Hours Min.	8. Date of Birth (Month, Day Oct. 28	3, 1940	9. Birthpla Country Mary	
	and		Usual Residence of Decedent  10a. State 10b. County	10c. City, To	wn or Loc	cation				100	d. Inside City Limits
	Maryl	tor	Maryland Baltimo	ore Co.	Midd	le River					1 ☐ Yes 2 ဩXNo
	th the	Director	10e. Street and Number			10f. Zip Code			10g. Citizen of Wh	nat Countr	y?
	death with the Maryland me 23a or 28a-f ehow rmust be notified at	rai	16 Venturi Road				21220			JSA	
36	be filed within 72 hours after death with the Marylar tal Hygiene. d other than "netural", or Iteme 23a or 28a-f ehow event, the Medical Examiner must be notified at	by Funeral	11. Marital Status  1 □ Never Married  3 □ Widowed 4 □ Divorced	12. Was Decedent Ever in U.S. Armed Forces? 1 ☐ Yes 2₹₩0 If Yes, Give Year or Dates:		Vas Decedent of Hi Yes, specify Cuba ☐ Yes 2☐No	ispanic Origin? (Sp in, Mexican, Puerto Specify:	ecity Yes or No- Rican, etc.)	14. Race Black, Specify:	White, et	
9500-6121	2 hou		15. Decedent's Ed	ducation 16	a. Deced	ent's Usual Occupa	ation	ina	16b. Kind of Bus	iness/Indu	istry
בוב	within 72 ene. than "ne!	Completed	(Specify only highest gra	Cotlege (1-4or 5+)	life. L	OO NOT use retired	,	ing			
N	filed wi Hygien other th		11th		ower	Designer	18. Mother's Nam	o /First Middle			lorist shor
Maryland		Be c	17. Father's Name (First, Middle, Last) Hesper Harmon					yn Bobo	maiden Sumame,	,	
چ	d 2 should be th and Menta 7 Is marked treumatic ev	ဥ	19a. Informant's Name/Relationship (	Type, Print) 19	b. Mailin	g Address (Street a	and Number or Rur	•	r, City or Town, S	tate, Zip C	Code)
- 1	2 6 7 6		Diana L. Haag	Daughter 4	1 St	emmers R	un Road	Essex,	Maryland	212	221
ď.	T T T T T T T T T T T T T T T T T T T		20a. Method of Disposition	20b. Place	of Dispos	sition (Name of natory or other place		Date	20c. Location - C		m, State
Ĕ	Pages ment of ent: If It ury or o		1 ☐ Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specif		Chape	el Cemete	ery 10/2	/2006	Baltimor	ce, M	D
Baltimore,	permit. Page Depertment of Importent: If eny injury or once.		21. Signature of Funeral Pervice Coer	see put	Bı	. Name and Addres urgee-Her 631 Falls	ss-Seitz	Funeral	Home, l	Inc. and 2	1211
			23a. Part1. Enter the disease, or com shock, or heart failure. List only	plications that caused the death. Do		er the mode of dyin	g, such as cardiac	or respiratory are	rest,	í	Approximate nterval Between
1	Physician		Immediate Cause (Final disease or condition	a 107511a	4	(and	er. Li	In Me	hypasy.		Onset and Death
	/Medical Examiner		resulting in death)	Due to (or as a consequenc	e of):		20 50				' /
		Ē	Sequentially list conditions, if any, leading to immediate	b. Due to (or as a consequenc	e of):					-	
	ansit	Examiner	if any, leading to immediate cause. Enter Undertying Cause (Disease or injury that initiated events								
ó	cate be executed physicien and the burial-transit		resulting in death) Last	Due to (or as a consequenc	e of):					72.7	
8760	ate be hysici the bu	dicai	•	d	_						
9	ertific ding p	Mec	IF FEMALE:	23c. If yes, outcome of pregnancy						1	777711
Box	eath certific attending p I for use as	Physician/Me	23b. Was decedent pregnant in the past 12 months?	1 Live birth 2 Fetal dea		Ectopic pregnancy Other (specify)			23d. Date Mont		y Day Year
o.	the de	ysic	1 ☐ Yes 2 ☑ No 9 ☐ Unknown	9□ Unknown		(4,000,000)					
ű. G	res that the de signed by the a be detached t	by Pi	Part II. Other significant conditions of	ontributing to death but not resulting	in the un	nderlying cause give	en in Part I.	23e. Did to	bacco use contrib	oute to the	cause of death?
ğ	w require been sig should b	edt	<u> </u>		· <u>-</u>			1 🗆 Y	es 2,⊠No 3	Probal	bly 4 ∐Unknown
l Records,	The lay	Completed						24a. Was autop perfor	sy med? pri	ere autopo ior to com eath? 2 Yes 2	sy findings avail <i>a</i> bte pletion of cause of 2□ No
Vital	Physician: This certificers al director, p	Be (	25. Was case referred to medical examiner?	Liennitali		104	26. Place of Deal	th (Check only o	ne)		
	Physic this c	P.	1 Yes 2 No		Outpatien  Time of	t 3□ DOA Oth	4   Nursing no		lence 6 Other		
O	After	tion	1 atural 5 Pending 2 Accident investigatio	(Month, Day Year)	Injury	28c. Injun Work	k? Yes 2 □No	20d. Describe ii	low injury occurre	•	
Division of	or Attending Physician: after death. Director: After this certific I in by the funeral director,	Certification:	3 Suicide 6 Could not b determined	8 390 Place of Injury At home	farm, str	eet, factory, office		28f. Location (5 City or Tow	itreet and Number n, State)	r or Rural	Route Number,
	To the Hospital or Attent within 24 hours after death To the Funeral Director; completely filled in by the	Medicai C		lysician: To the best of my knowled niner: On the basis of examination and manner stated.							
	To the within To the comple	Me	29b. Signature and title of certifier	111/	^	29c. Licens	e number	100	29d. Date signed	(Month, D	ay, Year)
				W/ MI	/		11441	73	9/2	-8/	06
	8		30. Name and address of person who	completed cause of death (Item 23a	Туре,	Print	el A	c Ba	IF M	DZ	1/22
	Sta Regist		31. Date filed (Month, Day, Year)	32. Registrar's Signature	· A	parke					
				50	-	2					

State of Maryland / Department of Health and Mental Hygiene 2005 3

			1 - For Stata Ragistrar	0.0.0	y	Cei	rtificate	e of E	eath			g. No.	U	012	00
			1. Decedent's Name (First, Middle	e, Last)							Date of Death Month	Day Ye		3. Time of D	eath
и	Physicia		Norman Moo:	re, Jr.						Se	ptembe	r 27, 20	06	4:25	$A^{M}$
	/Medic Examin		4a. Fecility Name (If not institution	n, give street and num	nber)		4b. City,	Town, or l	Location of	Death		4c. County of [	eath		
			Montgomery	General H	ospita.	1			Olne	У		Mon	tgom	ery	
	Funeral		5. Social Security Number		7. Age (In yrs.	last birthday)	If Under Months	1 Year Days	If Under 24 Hours	4 Hrs. 8. Min.	Date of Birth (Month, Day,	(Year) 9.	Birthplac Country	e (State or	Foreign
	Director		219-64-0364	1 <b>⊠</b> M 2□F	51	Yrs.	, and the same	Duyo	110010		cember 1			nsy1v	ania
	pu >		Usual Residence of Decedent  10a. State 10b. County		10c C	ity, Town or Lo	cation				·		10d	Inside City	Limits
	anyla ehov	7	Tod. State		100.0	., , , o , o . Lo			_				100.	1 ☐ Yes 2	
	Ne N	ect	Maryland Me	ontgomery			10f. Zip	ckvil	те		10	g. Citizen of Wha	Country	2	1.5
	with 1	Funeral Director		0 Day			101. 210	208	E 2		10				
	eath	era	4012 Norbeck	12. Was Dece		LS 13 1	Was Deced			n? (Specify	Yes or No-	Unite			
	ter d item	Ë	1 ☐ Never Married 2 🖫 Man	Armed For	ces?		If Yes, spec	rfy Cuban	, Mexican,	Puerto Rica	Yes or No- an, etc.)		Vhite, etc		
ဗ္ဗ	urs al		3 ☐ Widowed 4 ☐ Divorced	If Yes Give	е		1□Yes 2	2⊠ No	Specify:			Specify:	Whi	te	
Õ	s 1 and 2 should be filed within 72 hours after death with the Maryland if Health and Mental Hygiene. Item 27 is marked other than "natural; or items 23a or 28a-f ehow other traumatic event, the Medical Examiner must be notified at	Completed by		nt's Education		16a. Dece	dent's Usua	al Occupat	tion u <i>ring</i> most o	of working	11	6b. Kind of Busin	ess/Indus	stry	
2	thin 7	ble	Elementary/Secondary (0-12)	st grade completed) College (1-	-4or 5+)	life.	DO NOT us	se retired)	ing most c	or working		Unit	ed S	tates	
7	or th	Sol		2		E]	Lectro		Techn			Federa	1 Go	vernm	ent
Б	d oth	Be	17. Father's Name (First, Middle,									aiden Sumame)			
<u>ya</u>	Ment Ment arke	To Be	Norman Moo								beth F				
a	2 sh and is m	. 1	19a. Informant's Name/Relations				-					City or Town, Sta			
2	s 1 and 2 of Health item 27 i		Chevelle S. Ma	sters-Moor			And the second second					kville,			20853
0	ges 1 it of H if its or otl		20a. Method of Disposition 1 ☐ Burial 2 ☑ Cremation	3 □Removal from 5		Place of Dispo cemetery, crei	natory or of	ther place	)   S	eptembe	er	0c. Location - City			
Ë	entmen ortant: injury		4 Donation 5 Other (S		Mo	ntgomer	cy Cre	emato	rium	29,	2006	Bethesd			
Baltimore, Maryland 21215-0036	pernit. Pages to Department of Himportant: If ite any injury or ot once.		21. Signature of Funeral Service	Licensee		R C	2. Name an ockvi 1	id Address IIe.	Tnc.	300	Tt A. P W. Mon	umphrey	Fune Aven	eral H	ome/
-	40240		April 11/4	Muse	MO1	473 Rc	ckvil	le,	Mary1	and 2	0850-2	tgómerý 805		pproximate	
			23a. Part . Enter the disease, shock, or heart failure. Light	only one cause on ea					, such as ca	ardiac or re	spiratory arres	ы,	ln!	nset and De	
1	Physician		Immediate Cause (Final disease or condition resulting in death)	a		PIRAT	027	F	AIL	UZE			4	1100	25
п	/Medical Examiner		,, ,		or as a conse			. — .		ρ		0	16	e	220
Н		P.	Sequentially list conditions, if any, leading to immediate		or as a conse		SIKU	CII	15	TUCA	MUNAR	7 DEAS	E	EA	<
	B M E	nin.	Cause (Disease or injury	<											
΄,	exect n and ial-tra	Examiner	that initiated events resulting in death) Last	C. Due to (	or as a conse	quence of):									
68760,	entiticate be executed ling physicien and e as the burial-transit			d											
68	tificat ig phy as th	Medical		1											
Вох	eath cer ettendir for use		IF FEMALE: 23b. Was decedent pregnant	23c. If yes, out	come of pregnirth 2   Fet		⊒Ectopic pre	ennancy				23d. Date of			
-	D O D	Physician/	in the past 12 months? 1 ☐ Yes 2 ☐ No		ant at time of		Other (sp					Month	Da	ay Ye	ar
P.0	that the ed by th detachs	Phy	9 Unknown	1											
	es th igned	þ	Part II. Other significant conditi	ons contributing to de	ath but not re	sulting in the u	nderlying ca	ause give	n in Part I.		-	acco use contribu			
ord	w requires been sign should be	ted									1 1 T 45	2 □ No 3 □	] Probabl	ly 4 XUn	KIIOWII
ec	aw 2 s	Completed									24a. Was an autopsy	prior	to compl	findings av letion of cau	railable use of
<u>=</u>	Thate ate	Co									perform 1 XYes 2	ed? deat □ No 1 □	Yes 2	No	
Vita	ystcian: Th is certificate director, pag	Be	25. Was case referred to medica examiner?	Hospital:	_			1 -		of Death (C	heck only one	)			
ot	S S	1	1 ☐ Yes 2 No 27. Manner of leath	28a. ate		ER/Outpatier 28b. Time o			4 🗀 Nurs			vinjury occurred	Specify)		
Division of Vital Records,	ding h. After fune	to Lo	1 Natural 5 ☐ Pendir		h, Day Yeer)	Injury	м	8c. Injury Work¹ 1 □ Y	? es 2 □ Ne		. 5000.50 110.	v mjary occanica			
İS	Attending or death.	flca	3 ☐ Suicide 6 ☐ Could	not be Ose Piece	of Injury - At I	nome, farm, str	reet, lactory				Location (Stre	et and Number o	r Rural R	loute Numbe	er,
ă	after after Direction die Direction	Certification:	4  Homicide determ	buildir	ng, etc. (Spec	ify)					City or Town,	State)			
	Hospital 24 hours : Funeral tely filled	-	29a. Certifier 1 Certifyin	ng Physician: To the	best of my kn	owledge, deat	h occurred	at the time	e, date and	place, and	due to the cau	use(s) and manne	r as state	ed.	
	To the Hospital or Attending Physics 24 hours after death. To the Funeral Director: After the completely filled in by the funeral	Medic	one)	Examiner: On the ba and mann		ation and/or in	vestigation,	, іп ту ор	inion, death	occurred a	at the time, dat	te and place, and	due to th	e cause(s)	
	To the within 2 To the complet	≥	29b. Signature and title of certifie	1101.	1		29c	c. License	number		29	d. Date signed (A			
,	7		Cent	N. Olle	lesh,	MC		03	117	7		09-3	२ ।	200	06
	20		30. Name and address of person	-		m 23a) (Type,									
			31. Date filed (Month, Day, Year,		YOS gistrar's Sign	15101 nature	Prince	e ph	ilip Dr	- 01m	MD	20832			
	Sta Registi		OCT O	20	Parties	J. A	made	7							

			For State	State	e of N	Maryland		artment of F		and Me		jiene	2006	3123	34
			Registrar  1. Decedent's Name (First, Midd	le, Last)						2	. Date of Dea	th		3. Time of Death	h
	Physicia		Louanne McKe	lvey							Octobe	r 1,	2006	10:10P	М
	/Medic Examin		4a. Facility Name (If not institution	n, give street and	d numbe	r)		4b. City, Town, o	or Location o	f Death		4c. Co	ounty of Death		
			Montgomerý Ho					Rockvi		2411			ontgome		
	Funeral		5. Social Security Number	6. Sex 1 ☐ M 2]X		Age (In yrs. I.	ast birthday): Yrs.	If Under 1 Year Months Days		Min.	Date of Birth (Month, Day	, Year)	Cot	place (State or Fore	aign
	Director		Usual Residence of Decedent			63_				<u>  F</u>	eb. 1/	, 194	43 Penr	sylvania	
	yland		10a. State 10b. County	1		10c. City	, Town or Lo	cation						10d. Inside City Lim	nits
	Mart st	to	Maryland Monts	gomery		Bet	thesda							1 ☐ Yes 2 🎇	No
	death with the Maryland ims 23a or 28a-f show	Director	10e. Street and Number					10f. Zip Code			1	0g. Citize	n of What Cou	intry?	
	ath w	rail	10428 Partheno		-			20817		. 0.40	N		ted Sta		
	er de	Funeral	11. Marital Status 1 X Never Married 2 ☐ Mai	Arme	Decedered Force:		S. 13.	Was Decedent of I f Yes, specify Cub	Hispanic Original Jan, Mexican	gin? (Speci i, Puerto Ri	ty Yes or No- can, etc.)	14	. Race - Amer Black, White		
5	Ir, or	by F	3 Widowed 4 Divorce	If Yes	s, Give or Dates			1☐ Yes 2🌠 No	Specify:			S	pecify: Wh	ite	
3-0036	within 72 hours after ene. then "natural", or ite he Medical Exertion			nt's Education	tad)			dent's Usual Occu kind of work done		t of working	,	16b. Kind	of Business/li		
<u> </u>	e. Sn 'n Med	Completed	(Specify only higher Elementary/Secondary (0-12)	Colle	ge (1-4o	r 5+)	life.	DO NOT use retire	daning most	or working	′			County	
7	be filed within 72 hours after death with the Marylar stal Hygiene. Indicate then "natural", or items 23e or 28e-f show other then "natural", or items 23e or 28e-f show event, it medical Exerctions must be notified at	Con			5+			[eacher_	10 14-15-		First Middle		Lic Sch	ools	
yiand	12 should be filed war and Mental Hygier I is marked other transmatic event, the	Be	17. Father's Name (First, Middle								First, Middle,		umame)		
Ž	s 1 and 2 should f Health and Men item 27 is marke other traumatic	2	James McKelve	•	')		19h Mailir	ng Address (Street			Willia:		Town State 7	n Code)	
Z	traul		James McKelvey		•		1							vania 152	)
<u>6</u>	s 1 and 2 I Health Item 27 other tr		20a. Method of Disposition			20b. P	lace of Disno	cition (Name of		ctobe	e 3	20c. Loca	tion - City or T	own, State	.20
Hore	Pages nent of int: If it		1 ☐ Burial 2 ☒ Cremation 4 ☐ Donation 5 ☐ Other (a		from Sta	Mon Cre	tgome	natory or other pla Cy Lum, Inc.		2006	1 3,	Beth	iesda.	Maryland	
galti	permit. Pages Depertment of Important: If it any Injury or o		21. Signature of Funcial Service				20	Name and Addre	see of Eacilit	Roha	rt_A.	Dumph	row Fu	norel Her	ne/
מ	Per and		1 Cari	الحر. المو		- MOO	803 B	thesda,	Mary1	cnase and	20814-	3501	Wisco	nsin Aven	ıue
			23a. Part1. Enter the disease, of shock, or heart failure. Lis	r complications to	hat caus on each	ed the death line.	n. Do not ent	er the mode of dy	ng, such as	cardiac or	respiratory arr	est,		Approximate Interval Between Onset and Death	
	Physician		fmmediate Cause (Final disease or condition	_ a	Met	astati	.c Ovai	ian Cano	er					Onset and Death	1
	/Medical Examiner		resulting in death)	Du	e to (or	as a consequ	uence of):								
	-Aumino.	-	Sequentially list conditions,	b	ie to fish	us a consequ	aenna ofir								
6,	nsit	Examiner	d any, leading to immediate cause. Enter Underlying Cause (Disease or injury	<	,	,									
-/	execun and ial-tra	Еха	that initiated events resulting in death) Last	C. Du	e to (or	as a consequ	uence of):								
2/60,	The law requires that the death certificate be executed to has been signed by the ettending physicien and bege 2 should be deteched for use as the buriat-transit	dical		d											
õ	ng ph	Med	IF FEMALE:												
X Q	eath certific ettending pl	lan/I	23b. Was decedent pregnant in the past 12 gronths?	101	ive birth	ne of pregna 2  Fetal	death 3	Ectopic pregnanc	y			23	d. Date of deliver Month	rery Day Year	
0	at the dea by the e steched for	ysic	1 ☐ Yes 2 ☒ No 9 ☐ Unknown		Pregnant Unknown	at time of de	eath 5L	Other (specify) _							
7	thet the	by Physician/Me	Part II. Other significant condit	ions contributing	to death	but not resu	ulting in the u	nderlying cause gr	ven in Part I.		23e. Did to	bacco use	contribute to	the cause of death?	?
Division of Vital Records,	uires thei signed t Id be det										1 🗆 Y	es 2 🗆	No 3∐Pro	bably 4 X Unkno	own
င္ပ	w require been si should I	iete									24a. Was a	an :	24b. Were aut	opsy findings availa ompletion of cause	abte
Ä	: The law cete has I	Completed									autop: perfor	med? 2X No	death?	ompletion of cause	of
īā	(D) (T)	a)	25. Was case referred to medic	al					26. Place	of Death (	Check only or				
<u> </u>	Physical this ce al direct	To B	examiner? 1 ☐ Yes 2X No	Hospital:	1 🗌 Inpa	atient 2 🗆	ER/Outpatier	nt 3□ DOA Ct	her: 4 🗆 Nu	irsing Homi	e 5 ☐ Resid	ence 6]	Other (Spec	M) Hospice	e
0	ing Ph After th Ineral		27. Manner of Death 1 Natural 5 ☐ Pend	28a. l	Date of II (Month, I	njury Day Year)	28b. Time o Injury	Wo			ld. Describe h	ow injury o	occurred		
S	tendl Jeath. tor: A	cati	2 Accident inves	tigation	Di	Jaines As be			]Yes 2 □		of Location (C	troot and	Number of Cu	ral Route Number,	
$\leq$	il or Attending Peter death. Director: After din by the funera	Certification;	4 Homicide deter	mined 286.	building,	etc. (Specify	y)	reet, factory, office		20	City or Tow	n, State)	Number of Au	ai noute vurnuer,	
	spital		29a. Certifier 1 PCertify	ing Physician: 1	To the be	st of my kno	wledge, deat	h occurred at the t	ime, date an	id place, an	id due to the c	ause(s) ar	nd manner as	stated.	
	To the Hospital or Attending Physician: within 24 hours efter death.  To the Funeral Director: After this certific completely filled in by the funeral director.	edicai	(Check only 2 Medica one)		the basis manner		tion and/or in	vestigation, in my	opinion, dea	th occurred	d at the time, o	date and p	lace, and due	to the cause(s)	
	To th Withir To th	ž	29b. Signature and title of certif		11		_		se number		1	29d. Date :	signed (Month	Day, Year)	
			Cynthia M	1- M	llu	ems;	0.0.	HO	058	032		Vci	t. 2,	2006	
	10		30. Name and address of perso						11 5		_1	- 3/	1	20055	
			Cynthia M. Wi		Jay			aster Mi	TT KOS	aa, Ko	OCKV111	e, M	aryland	20855	
	Sta Registi		31. Date filed (Month, Day, Yea	3 2006	La Bra	ation of	iture	and I							

			1 - For State Registrar	State o	f Marylar		artmen rtificate			and M		giene Reg. No.	006	312	35
	Physici	an	1. Decedent's Name (First, Middle,	Last)							2. Date of De Month	Day	Year	3. Time of [	
	/Medic		Marjor		Mackey		4. 60				Septeml			8:43	P ^M
	Examin	er	4a. Facility Name (If not institution,					_	Location o	of Death			nty of Death		
	Funeral		Montgomery Hospi  5. Social Security Number  6	Sex Casey	7. Age (In yrs.	last birthday)	If Under		If Under:	24 Hrs.	8. Date of Birt	h	tgomer 9. Birthp	y ace (State or try)	Foreign
	Funeral Director		220-38-1217	1 ☐ M 2 🕅 F	92	Yrs.	Months	Days	Hours	Min.	March 1	9,1914	New Y	ork	
	D .		Usual Residence of Decedent  10a, State 10b, County		10a Ci	N. Town as I								nd In ide Oil	. I lasias
	anyla shov	٦ ا				ty, Town or Lo							1	0d. Inside City 1 Tyes	
	the M	ecto	Maryland Montgo  10e. Street and Number	mery	B	ethesd	.a. 10f. Zip	Code				10g Citizen	of What Coun		
	Se or	直	4838 Montgomery	Lane			TOI. Lip	2081	4			_	d Stat	-	
	death	Funeral Directo	11. Marital Status	12. Was Dece	edent Ever in U	.S. 13.	Was Deced	ent of Hi	spanic Orig	gin? (Spe	ecify Yes or No Rican, etc.)		Race - Americ	an Indian,	
ထ္	after or ite		1 Never Married 2 Marrie	Armed Ford  1 ☐ Yes If Yes, Given	2 MNo ve		1 ☐ Yes		Specify:	i, Fueito	rican, etc.)	Spe	Black, White,	ite	
21215-0036	filed within 72 hours after death with the Maryland Hygione. Ither than "natural", or iteme 23s or 28s-f show ent, the Macifcal Examiner must be notified at	d by	3 X Widowed 4 □ Divorced	Year or D	ates:	,									
7	n 72 I 'nat	Completed	15. Decedent's (Specify only highest	grade completed)		(Give	dent's Usua kind of woi DO NOT us	il Occupa rk done d se retired	ition luring most )	t of worki	ng	16b. Kind of	f Business/Inc	lustry	
212	with jiene.	шo	Elementary/Secondary (0-12)	College (1	1-4or 5+)	l _	prene					Prin	ting		
פ	e filec al Hyg othe vent,	BeC	17. Father's Name (First, Middle, La	ist)					18. Mothe	r's Name	(First, Middle,	Maiden Sum	ame)		
<u>ya</u>	2 should be filed within 72 hours after death with the Marylan and Menhal hygiene. In marked other then "ratural; or Iteme 23a or 28a-f show aumatic event, the Modical Examiner must be notified at	To E	Harry Westcott						Edı	na Ul	nler				
ā	ss 1 and 2 should to thealth and Ment item 27 te marked rother traumatic		19a. Informant's Name/Relationship			1	-				Al Route Number			,	
a)	1 and 2 Health am 27 is		J. Bruce Mackey  20a. Method of Disposition	/ Son	20b. F	_			of Edward	ie, i	Bethesd		y Land . on - City or To	_	
altimore,	permit. Pages Depertment of t Important: if its eny injury or of	8	1 ☐ Burial 2 🖔 Cremation 3		Clare	Place of Disponentery, crea			1		mber				1
	nit. P. entme ortani injury		4 ☐ Donation 5 ☐ Other (Special Signature of Funeral Service Li		MOLL	tgomery (						Bethes			
B	Per Per Per Per Per Per Per Per Per Per		I Congalette ( &	mot	M013	305 Ro	bert A 57 Wisc	. Pum consid	phrey : Aveni	Funer Je. Be	al Home/I ethesda,	Bethesda Marvl <i>a</i> n	Chevy ( d. 20814-	lhase, I 3501	nc.
	death certificate be executed by Amade at the principle of the burial-transit of for use as the burial-transit of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the princip	Ical Examiner	23a. Part1. Enfer the disease, or coshock, or heart failure. List or Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, and any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	a	nd Stage (or as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection as a consection a	e Demen		e or ayrin	g, such as	Carthac C	л өзынасогу а	itest,		Approximate Interval Betw Onset and D	veen
.O. Box 68	death certific e attending p d for use as	Physician/Med	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 □ Yes 2 ☑ No 9 □ Unknown	1 Live t	tcome of pregna pirth 2 ☐ Feta nant at time of cown	ideath 3□	∃Ectopic pr ∃ Other (sp						Date of delive	•	ear
Records, P.	uires that signed to ld be det	þ	Part II. Other significant condition	s contributing to d	eath but not res	ulting in the u	nderlying c	ause give	en in Part I.			obacco use c Yes 2 X No		ecauseofde ably 4 ∐Ui	
Ö	tw requires been si	Completed									24a. Was		b. Were auto	sy findings a	vailable
æ	The lay te has	mo	***								autor perfo	rmed?	death?	npletion of ca 2 □ No	use of
<u>a</u>	ysician: The is certificete his director, page	BeC	25. Was case referred to medical examiner?						26. Place	of Death	(Check only o		12,103	2010	
<u>`</u>	Physic this ce al dire	To	1 ☐ Yes 2 🕅 No		Inpatient 2	ER/Outpatier			4 🗆 140	rsing Ho	me 5 🗆 Resid	dence 6 🔀	Other (Specify	) Hospi	.ce
Division of Vital	Jing / After funer	atlon:	27. Manner of Death 1 ☑Natural 5 ☐ Pending 2 ☐ Accident investiga	tion	of Injury th, Day Year)	28b. Time o Injury	f 2	8c. Injury Work 1 🗀 `	at ? ∕es 2∐I		28d. Describe I	now injury occ	curred		
Divis	ai or Attens s after death if Director: id in by the	Certification:	3 ☐ Suicide 6 ☐ Could no 4 ☐ Homicide determin	286. Place	of Injury - At h ing, etc. (Speci	ome, farm, str	reet, factory	, office			28f. Location (3 City or Tox		mber or Rura	Route Numb	er,
	To the Hospital or A within 24 hours after To the Funeral Direction place of the Completely filled in by	Medical (	29a. Certifier 1 Certifying (Check only 2 Medical Example)	Physician: To the kaminer: On the b and man	e best of my kno asis of examina iner stated.	owledge, deat ation and/or in	h occurred vestigation,	at the tim , in my or	ne, date an pinion, dea	d place, th occurr	and due to the ed at the time,	cause(s) and date and plac	manner as st	ated. the cause(s)	
	To th within To the	Me	29b. Signature and title of certifier	2.1	1.1.			4 4	number		1	29d. Date sig			
•	1		Centher 11	10 111	lans.	10		HO	052	30:	32	Septem	ber 28	, 2006	)
	15		30. Name and address of person w	no completed caus	-		Print)								
			Cynthia M. Willi 31. Date filed (Month, Day, Year)				- 6		Road	d, Ro	ockvill	e, Mar	yland	20855	
	Sta Registr		OCT 0	3 2006	tegistrar's Signa	A. A.	Joseph	9							

DHMH 17 Rev 1/2001

Please Type or Print in Black Indelible Ink
State of Maryland / Department of Health and Mental Hygiene

Gary Michael Nelso	1	- For State	S	ate of	Marylar		artment e <i>rtificate</i>			d Menta	al Hy		log No			
Physician/ Medical Examine	<b>7</b> 1	egistrar I. Decedent's Nam	e (First, Midd	le,Last)	Mich				lson		2	Date of Dea Month Septembe	eg. No. eth Day er 28, 20	20 Year	05	Time of Death 2 3
		la. Facility Name (i	f not institution	_					ty, Town, or I Itimore	ocation of		Обрания		ounty of De	eath	
Funeral Director	. 5	5. Social Security N		6. Sex	2 F		last birthday		Inder 1 Year onths Days	If Under Hours	24Hrs.	8. Date of Bi	rth(MM/DD	o Fo	Birthpla reign Country	MA
any	-	Jsual Residence o		hara-			y, Town or Lo								- 1	d. Inside City Limits
th the Maryland 23a or 28a-f show notified at once.		Md.		NA		1			Imore Zip Code 21205				10g Citizer US	n of What C		Yes 2 No
r death with the or items 23a or must be notifie		520 N.  1. Marital Status			2. Was Dece Armed For	ces?	U.S. 13.					cify Yes or No				Indian, Black,
2 hours after death "natural", or iter Examiner must	2	Never Marrie  Widowed  15. Decedent's Ed	4 Di	vorced or	Yes, Give Year Dates: highest grade	2 X No	1 16a. Dece		2 No		ind of wo	rk done		ecify:	Blac	
	-	Elementary/Secondary	ade		College (1-	4 or 5+)		-	working life. $f loyed$					NA		
Baltimore, MD 21215-0036 permit Pages I and 2 should be filed within 7 Department of Health and Mental Hygiers Important. If tiem 27 is marked other than injury or other traumatic event, the Medica To Re Commit	3	17. Father's Name Butler	Nels	on	/ / / / / / / / / / / / / / / / / / /		1401.11			7	Aman			W	rigl	
, MD 21 and 2 should beath and Mer em 27 is mar raumatic eve		19a Informant's Na  Amanda  20a. Method of Dis	Nelson		Moth		3	520	N. Rob	inson	n St	ral Route Nu reet , Date	Balti		Md	. 21205
timore, t Pages I ar timent of He rtant: If ite		Burial 2 Donation 5 Signature of Fu	Crematio	pecify:			Mt. C	other pl				5-06	1	ndalk	, M	d.
Baltii Departii Importa	1	L) L c 23a. Part I. Enter th	ne disease, o	r complica	ations that car	used the dear	1	1101	E. No	orth A	Ave.	March , Balt espiratory an	imore	, Md.	A	1202 pproximate Interval
/Medical Examiner		failure. List on Immediate Cause ( or condition result)	(Final diseas	a. Mi			ting Woun	ds								Between Onset and Death
, and a second		Sequentially list co if any, leading to in cause. Enter Unde	mmediate erlying Cause		e to (or as a	consequence	of):								+	
executed an and all-transit	II LYall	(Disease or injury i events resulting in		Ö Du	e to (or as a	consequence	of):									
be be	) MEGIC	UNPENDED  F FEMALE: 3b Was decedent				utcome of pre	egnancy			7				Date of deliv		
Box 6876( e death certificate the attending phy ed for use as the b	Igsicial	past 12 months	s?	alen ouen	1 Live bir 4 Pregna 9 Unknow	nt at time of	death 2	Fetal de Other (			pregnand	су	Mic	onth	Day	Year
i, P.O. Box 6876 ires that the death certificate signed by the attending phy 1 be detached for use as the 1 by Dhyceinian/M	5	Part II. Other sign	ificant cond	tions co	ontributing to	death but not	t resulting in t	ne under	ying cause g	iven in Par	t I.					cause of death?
Division of Vital Records, P.O. Box 6876. To the Hospital or Attending Physician: The law requires that the death certificate within 24 hours after death. To the Funeral Director: After this certificate has been signed by the attending phy completely filled in by the funeral director, page 2 should be detached for use as the todical Contification: To Be Completed by Divisional Managed.	alaidiii									<del></del>					to comp	sy findings available bletion of cause of
Vital R ysician: T his certifica director, pa		25. Was case reference examiner?	rred to medic		spital: 1 In	patient 2	✓ ER/Outpat	ent 3		of Death (		nly one)	Residence		ther;	
on of \ ending Phy ath. or: After the he funeral of	- 1	27. Manner of Dea	th 5 Per	nding	FOUND: Sep 28, 2	Day,Year)	28b. Time FOUND: 0150 hrs		1	y at Work?	ls.	28d. Describe Subject sta		occurred		
Division o  To the Hospital or Attending within 24 hours after death. To the Funeral Director: After completely filled in by the fune	S L	2 Accident 3 Suicide 4 Homicide	6 Co	estigation uld not be ermined	28e. Place	of Injury - At	home, farm, s	street, fac	tory, office b	uilding, etc		est. Location ( or Town, 720 East	State)			Route Number, City
To the Hosp within 24 ho To the Func completely f		29a. Certifier 1 (Check only one) 2		aminer: O		f examination	edge, death o n and/or inves									use(s)
	Ā	29b. Signature and	title of certif	ier Hazala	MS				29c. License O.C.N				29d. Dat	te signed (	Month,	Day, Year) 28, 2006
2		Pamela E.	Southall,	MD A	npleted cause	/ledical Ex	caminer	111 Pe	enn Street	, Baltim	ore, MI	D 21201				
Stat Registra	2	31. Date filed (Mor.	OCT ()	3 2.00	200	Jistrar's Signa	A P	food								
DHMH 17 Rev 1/200	1	5			to.		ORIĞÎ	NAL								

		1	For State	Stat	te of Ma	ryland / I		rtment of F Fificate of			/lental F		ne vo.20	06	3 1	237
			Registrar  1. Decedent's Name (First, Midd	ile, Last)							2. Date of	Death				of Death
	Physicia /Medic		NAOMI	LADISHA	NICH	OLS					Oct O		ol a	Year CO6	3.3	SPM
	Examin		4a. Facility Name (If not instituti	on, give street ar	nd number)	11000	,	4b. City, Town, o					4c. County	of Death	201	
			Citizens	,		40M)E		/tavr		er 24 Hrs.		Diet	119	rtol	a	
	Funeral Director		5. Social Security Number	6. Sex 1 ☐ M 2 🖔		(In yrs. last bi	Yrs.	Months Days	Hours			Day, Yea		Count SOUTH	try)	or Foreign
			169-20-4989 Usual Residence of Decedent			94			1		<u> JUN</u>	14 1	912	50011	CAR	OLINA
	yland how		10a. State 10b. Count	у		10c. City, Tow	m or Loc	ation						10		City Limits
	e Ma	ctol	MARYLAND HA	RFORD CC	)	HA	VRE	DE GRACI	3			-				es 2XXXIII
	vith th	Director	10e. Street and Number					10f. Zip Code				10g. (	Citizen of V	Ihat Count	iry?	
	eath v	Funerai I	415 MARKET ST	PREET 12 Was	s Decedent E	ever in U.S.	13. W		L078	Origin? (Sr	ecify Yes or	No-	U.S	.A. e - America	an Indian,	
10	after deat or Itams	Fun	1 ☐ Never Married 2 ☐ Ma	rried Arm	ledi⊦orces?  Yes 2∛(()XN			as Decedent of H Yes, specify Cub			Rican, etc.)			k, White, e		
21215-0036	filad within 72 hours after death with the Maryland Hygiene. uthar than "natural", or Itams 23a or 28a-f show int, Ita Medical Exactive investive coulitied at	by	3⁄2 Widowed 4 □ Divorce	d If Yea	es, Give ir or Dates:		1	□Yes 2DXNo	Speci	fy:			Specify	BLA	ıCK	
5-0	72 hc	Completed by	15. Decede (Specify only high	ent's Education est grade compl	leted)	16a	. Decede (Give k	ent's Usual Occup ind of work done O NOT use retire	ation during m	ost of worl	king	16b.	Kind of Bu	isiness/Ind	ustry	
121	within ne.	mpi	Elementary/Secondary (0-12)		lege (1-4or 5								PRIV	יד יוי ע		
, B	filad v Hygie thar t	ပ္ပိ	12yrs 17. Father's Name (First, Middle		rs.		FACT	ORY WORL		ther's Nam	ne (First, Mid	dle, Maid				
an(	ld be ental kad o	To Be	JOHN BALL						7	/TT.ROI	URNE D	AVTS	– R∆T.T.			
Maryland	2 should be filad withir and Mental Hygiene. Is markad othar than aumatic evant, I's M	-	19a. Informant's Name/Relation	iship (Type, Prin	nt)	19	o. Mailing	Address (Street					_		Code)	
	permit. Pages 1 and 2 should be filad within 72 hours after death with the Marylan Department of Health and Mental Hygiene. Important: if itam 27 Is markad othar than "natural", or Itams 23a or 28a-f show any injury or othar traumatic evant, Ita Medical Eracin er must be routified at once.		Paul Nichols/	Son		1	108	E. Jolph	in I	r., (	Oak Is	land	, NC.	, 284	65	
Baltimore,	of He of He fiten		20a. Method of Disposition 1 ☒ Burial 2 ☐ Cremation	ı 3 ∏Removal	I from State	20b. Place o	of Dispos ary, crem	ition (Name of atory or other pla	сө)		Date	20c.	Location -	City or To	wn, State	
Ě	Pag ment tant:		'4 □Donation 5 □ Other			FLORE	NCE	NATL CEN	/ETE	Y 10	-6-200	6 FL	ORENC	E, S.	C.	
Salt	permit Depart Import any in		21. Signature	L ISBP		-	WM	Name and Addre	ss of Fa	oility 4MUNI'	TY FUN	ERAL	HOME	-HARF	ORD,	P.A.
	447 2 46 04		23a. Part - Enter the disease,	Cull Complications	that caused	the death. Do	32	1 S PHII r the mode of dyi	LADEI	PHIA	BLVD,	ABE	RDEEN	, MD.	210 Approxim	01
	= -		shock, or heart failure. Li	st only one	e on each lin	Hoall	1	. are mode or sy	ng, oaon			,			Interval B Onset an	etween
	Pnysician / /Medical		Immediate Cause (Final disease or condition resulting in death)	a. #	IMIN OF AS	a consequence	(U)									
	Examiner				140er	ENSIGN	. 01).									
		ner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	) b. 0	us to (or as	a consequence	of):	~ 1								
	icate be exacuted physician and s the burial-transit	Examiner	Cause (Disease or injury that initiated events resulting in death) Last	a. 🔟	MUCH	repin -	13/7	nylot								
50,	oe execian a	E	resulting in death) Last	Ă	oue ip (or as:	a consequence	or):/									
( 68760,	physicate by the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the cont	edicai		d	INC AND IN	7										
۶ ×			IF FEMALE: 23b. Was decedent pregnant			of pregnancy							23d. Dat	te of delive	ry	
Nacm P.O. Box	death e atter	Physician/M	in the past 12 months?	4 🗆	Pregnant at	2 Fetal death		Ectopic pregnanc Other (specify) _	у				Мо	nth	Day	Year
00	that the de ad by the detached	hys	9 Unknown	9 📗	Unknown											
S, F	Se us	by P	Part II. Other significant condi	tions contributin	ig to death bi	ut not resulting	in the un	derlying cause gr	ven in Pa	rt I.			o use cont			
/S.,	v requir been si should										1	☐ Yes	2 MN0		3DIY 4	Unknown
0 0	e law i has b	Completed									24a. V	∕as an utopsy erformed'		Were autor prior to con death?	osy finding npletion o	s available cause of
2 E		Cor									1 □ Ye	s 2 🗗		Yes	2□ No	
Vita	ysician: Th is certificate director, pag	Be	25. Was case referred of medic examiner? 1 Tyes 2 No	Hospital:	:	aCleb/o		oct post Ott	hor	/	th (Check or		6 DO#	(Cit		
< ₽	유 유 등	. To	27. Mannyr of Death	28a.	Date of Inju	nt 2 ER/O	Time of	28c. Inju Wo		mursing H	ome 5 ☐ F 28d. Descri				9	
ion	nding I tth. r: After e funer	ation	1 atural 5 Pend 2 Accident inves	ding stigation	(Month, Day	y Year)	Injury		rk? ]Yes 2	□No						
Division	l or Attendi after death. Diractor: A I in by the fu	Certification:	3 Suicide 6 Coul	d not be rmined 28e.	Place of Inju	ury - At home, f	arm, stre	et, factory, office			28f. Location	n (Street Town, St		er or Rura	Route N	umber,
Di	spital or A ours after neral Dira filled in by	Cer														
	a Hospital 24 hours a a Funeral l letely filled	dical		ring Physicien: el Exeminer: On		examination a										e(s)
	To the Hosp within 24 ho To the Fund completely f	Mec	29b. Signature and title of certi		O mainer sta	ateu.		29c. Licen	se numbe	er		29d. I	Date signe	d (Month, i	Day, Year	)
	F 3 F 8		> Mi GUP	Sim	mi	>		1) 4	A 4)	2		10	12/12	7		
	5		30. Name and address of person	on who complete	d cayse of d	eath (Item 23a)			An .	110	v 1/	hp /	71	04		
C			HI SUP S	M	79	5.	W	nion th	/[~	Mo	4 1	' ' '	1	778		
:	Sta Regist		31. Date filed (Month, Day, Yea	3 2006	32. Pegistra	ar's Signature	de	will								

State of Maryland / Department of Health and Mental Hygiene

20740

		1	State Registrar		Cei	rtificate of	Death	,	Reg. No. 2	106	3123
	Physicia	_	1. Decedent's Name (First, Middle, Last Harvey Perm					2. Date of De Month Sept.	Day	Year 1006	3. Time of Death 9:00 A M
	/Medica		4a. Facility Name (If not institution, give	street and number)	17	4b. City, Town,	or Location of D	Death	4c. County	of Death	eorge's
	uneral		4330 Hartwock Rd  5. Social Security Number  294-36-3225  6. Se		In yrs. last birthday) 69 Yrs.		If Under 24		th ly, Year)	9. Birthp	place (State or Foreign
	irector		Usual Residence of Decedent					27,	1937		MILO
Marylan	a-f ehow	.	Maryland Prince G		0c. City, Town or Lo		ollege	Park		1	0d. Inside City Limits 1 ☐ Yes 2 No
th the	or 28	Director	10e. Street and Number			10f. Zip Code			10g. Citizen of		•
ath w	23a		4330 Hartwick R				20740		United		
<b>5-0036</b> 72 hours after death with the Maryland	2 8	by Fur	11. Marital Status  1 XNever Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Even Armed Forces?  1 ☐ Yes 2 ▼ No If Yes, Give Year or Dates:		Was Decedent of If Yes, specify Cui 1 ☐ Yes 2 X No		n? (Specify Yes or No Puerto Rican, etc.)	Bla	ce - Americ ck, White, fy: Whi	etc.
5-0	Jical	etec	15. Decedent's Ede (Specify only highest grad	ucation de completed)	(Give	dent's Usual Occu	a durina most o	of working	16b. Kind of B	lusiness/in	dustry
d 21215-0036 filed within 72 hours aff	the Ma	Completed	Elementary/Secondary (0-12)	College (1-4or 5+)		no not use retirated =	Unemplo	·	N/		
Maryland  1d 2 should be file	ls marked other then aumatic event, the Ma	To Be	17. Father's Name (First, Middle, Last) Samuel Ralph	Permut			18. Mother's Evel	s Name (First, Middle yn Eloi		ermut	<u> </u>
2 sho	1		19a. Informant's Name/Relationship (T					or Rural Route Numb	-		20740
S, Early S	m 27 her tr		Steven Lee Permu	t / Brother	r 4330 20b. Place of Dispo		K Ka. #	115; Colle	20c. Location		
Saltimore,	Important: If Itsm eny injury or other once.		20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify,		cemetery, crea Chesapek	matory`or other pl		-30-06			Le, MD
Baltimo	eny in		21. Signature of Fungral Service Licent	Inuary	70302	2. Name and Add Rapp Fun 933 Gist	eral an	d Crematio Silver Spi	on Servi	ces 209	910
_/N	/sician ledical aminer		23a. Part1. Enter the disease, or both p shock, or heart failure. List only c immediate Cause (Final disease or condition resulting in death)	a. <u>Acute</u>	Myocardia consequence of):			ardiac or respiratory a	rrest,		Approximate Interval Between Onset and Death Minutes
S . S	and I-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	c	consequence of):						
<b>68760</b> , itilicate be exe	physician and the burial-transit	Medical E	(	d							
O. Box	D es	Physician/Me	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1  Yes 2 No	23c. If yes, outcome of 1 □ Live birth 2 4 □ Pregnant at tir 9 □ Unknown	Fetal death 3	□Ectopic pregnan □ Other (specify)	су			ate of delive	ery Day Year
rds, P.	eug pe q	2	Part II. Other significant conditions or	ontnbuting to death but	not resulting in the u	inderlying cause g	iven in Part I.		obacco use con Yes 2 No		he cause of death? pably 4 Unknown
of Vital Records, Physician: The law requires t	page 2 should	Completed							ormed?	Were auto prior to co death? 1 \( \subseteq \text{Yes}	ppsy findings available mpletion of cause of
tal	certificate rector, pag	Be	25. Was case referred to medical				26. Place o	1 ☑ Yes of Death (Check only		1 1 1 1 1 1 1	287 140
of Vita	S .0	ToB	examiner? 1 X Yes 2 □ No	Hospital: 1   Inpatient	2 ER/Outpatie	nt 3 DOA	ther: 4 🗆 Nurs	sing Home 5 Res	dence 6 Oti	her (Specif	y)
Vision O	r: After th		27. Manner of Death 1  Natural 5 ☐ Pending 2 ☐ Accident investigation	28a. Date of Injury (Month, Day 1	Year) 28b. Time of Injury	W	ury at ork? Yes 2 No		how injury occu	red	
-= 5.5	within 24 hours after death.  To the Funeral Director: After completely filled in by the funer	Certification:	3 Suicide 6 Could not be 4 Homicide determined	28e. Place of Injury building, etc.	y - At home, farm, st (Specify)	reet, factory, office	Э		Street and Num wn, State)	ber or Rura	al Route Number,
e Hospit	within 24 hours a To the Funeral C completely filled i	edical (		ysician: To the best of liner: On the basis of e and manner state	xamination and/or in						
Tot	Totl	W	29b. Signature and title of certifier	Berns	e mas		nse number		29d. Date signe		Day, Year) 26. 2006

DHMH 17 Rev 1/2001

State Registrar

Michael J. Berard M.D.; 7305 Baltimore Blvd. #107, College Park, MD

30. Name and address of person who completed cause of death (frem 23a) (Type, Print)

32. Registrar's Signature

31. Date filed (Month, Day, Year)

State of Maryland / Department of Health and Mental Hygiene 2 0 0 6 Certificate of Death 2. Date of Death 3. Time of Death 1. Decedent's Name (First, Middle, Last) Da Perez **Physician** 2243 M Janice 28 2000 /Medical 4c. County of Death 4b. City, Town, or Location of Death 4a. Facility Name (If not institution, give street and number) Examiner Bayver Modraj Cortor Baltmore 7. Age (In vrs. last birthday) It Under 1 Year It Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 9-27-1960 6. Sex Birthplace (State or Foreign Country) 5. Social Security Number **Funeral** Sex 1□M 2DF Months Days Yrs 215-82-7477 46 MD Director Usual Residence of Decedent with the Maryland 10d. Inside City Limits 10a. State 10b. County 10c. City, Town or Location il Hygiene. other then "netural", or Items 23a or 28a-f shov vent, the Medical Examinat must be nutified at 1X Yes 2 □ No Director Baltimore City 10g. Citizen of What Country? 10e. Street and Number 10f. Zip Code 3210 Fleet Street 21224 USA filed within 72 hours after death Funeral 12. Was Decedent Ever in U.S. Armed Forces? 1 ☐ Yes 2 ∑ No If Yes, Give Year or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian. 11 Marital Status 1 Never Married 2 Married Baltimore, Maryland 21215-0036 Specify: White 1 ☐ Yes 2 XNo Specify: ģ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Meat Cutter Save-A-Lot rmit. Pages 1 and 2 should be filed w partment of Heelth and Mental Hygien portant: If Item 27 is marked other tily injury or other traumatic event, ID. 18. Mother's Name (First, Middle, Maiden Surname) 17. Father's Name (First, Middle, Last) Catherine Finnerty George Reagan 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Balto., MD 21224 3210 Fleet St., Alphonso Perez-Husband 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 20a. Method of Disposition 1 Burial 2 Cremation 3 Removal from State Bayview Crematory 10-2-06 Maltimore, MD 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility  $Bradley-Ashton\ Funeral\ Home$ 21. Signature of Funeral Department in mpc 2134 Willow Spring Road, Approximate Interval Between Onset and Death 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Immediate Cause (Final disease or condition resulting in death) **Physician** Hypercapheic Kespiratory 5 days /Medical Due to (or as a consequence of): Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Lastatic Due to (or as a consequence of): Examine or Attending Physician: The law requires that the death certificate be executed ig physicien and as the burial-transit Due to (or as a consequence of): Box 68760. Physiclan/Medical IF FEMALE: 23c. If yes, outcome of pregnancy
1 Live birth 2 Fetal death 23d. Date of delivery 23b. Was decedent pregnant 3 Ectopic pregnancy in the past 12 months?
1 ☐ Yes 2 ☐ No
9 ☐ Unknown for 4☐Pregnant at time of death 5 Other (specify) Division of Vital Records, P.O. 9 Unknown Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? þ 1 Yes 2 No 3 Probably 4 Hunknown Completed 24b. Were autopsy findings available prior to completion of cause of death?

1 ☐ Yes 2 ☐ No autopsy performed? Yes 2 rs after deam.
ral Director: After this ceru... 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Impatient 2 ER/Outpatient 3 DOA ٩ 1 ☐ Yes 2 ☐ Ho 28b. Time of 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28d. Describe how injury occurred Certification: Natural 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 ☐ Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) filled in by 4 Homicide within 24 hours a 1 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a, Certifier Medical 29c. License number 29b. Signature and title of certifier vaun MI (LES-000 address of person who completed cause of death (Item 23a) (Type, Print) 1940 EASTERN /+ VG 32. Registrar's Signature 31. Date filed (Month, Day, Year) State Registrar OCT 0 3

State of Maryland / Department of Health and Mental Hygiene 2006 For State Registrar Certificate of Death Reg. No. 2. Date of Death 3. Time of Death 1 Decadent's Name (First, Middle, Last) Month Day Voor Physician James F. Petersen 10:58 A M September 29, 2006 /Medical 4b. City, Town, or Location of Death 4c. County of Death 4a Facility Name (If not institution, give street and number) Examiner Montgomery 7707 Wisconsin Avenue, #1108 Bethesda If Under 1 Year If Under 24 Hrs Birthplace (State or Foreign Country) 8. Date of Birth (Month, Day, Year) 7. Age (In yrs. last birthday) 5. Social Security Number 6. Sex **Funeral** Days Hours Months 1 X M 2 □ F 62 359-34-1526 March 2, 1944 Illinois Director Usual Residence of Decedent with the Maryland 10d. Inside City Limits 10c. City. Town or Location 10a State 10h Count in than "natural", or Iteme 23a or 28a-f show 1 X Yes 2 □ No Director Teton Jackson Wyoming 10f. Zip Code 10g, Citizen of What Country? 10e. Street and Number 83001 United States Indian Springs Ranch 3665 Eagle Crest, Funeral death 12. Was Decedent Ever in U.S. Armed Forces?

1 対 Yes 2 □ No 196
If Yes, Give Year or Dates: 197 14. Race - American Indian Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Black, White, etc. filed within 72 hours after 1968-1 ☐ Never Married 2 ☑ Married Baltimore, Maryland 21215-0036 1 Yes 2 No Specify: Specify: White þ 3 ☐ Widowed 4 ☐ Divorced 1972 Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) other than College (1-4or 5+) 5+ Elementary/Secondary (0-12) Software Pioneer Computer Software permit. Pages 1 and 2 should be filed w Department of Health and Mental Hygiel Important; if Item 27 ie marked other transpring or other treumatic event, Illa once. 18. Mother's Name (First, Middle, Maiden Sumame) 17. Father's Name (First, Middle, Last) Be Katherine A. Reitz Burton A. Petersen 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7707 Wisconsin Avenue, #1108, Bethesda, MD 20814 Debbie Frank Petersen / Wife 20b. Place of Disposition (Name of cometery, crematory or other place)
Montgomery
Crematorium Inc. Date 20c. Location - City or Town, State 20a Method of Disposition October 1, 1 ☐ Burial 2 MCremation 3 ☐ Removal from State Bethesda, Maryland 2006 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility Robert A. Pumphrey Funeral Home/ 21. Signature of Funeral Service Licer Bethesda-Chevy Chase, Inc. 7557 Wisconsin Avenue Bethesda, Maryland 20814 M01433 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final **Physician** disease or condition resulting in death) Glioblastoma Multiforme /Medical Due to (or as a consequence of) Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury Due to for as a consequence off Examiner The law requires that the death certificate be executed that initiated events resulting in death) Last Due to (or as a consequence of): attending physician a for use as the burial-O. Box 68760 Physician/Medical IF FEMALE: 23c. If yes, outcome of pregnancy 1 ☐ Live birth 2 ☐ Fetal death 23d. Date of delivery 23b. Was decedent pregnant 3 Ectopic pregnancy Day Month Year in the past 12 months? 4☐Pregnant at time of death 5 ☐ Other (specify) signed by the a 1 Yes 2 No 9 Unknown 9 ☐ Unknown Division of Vital Records, P. 23e. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. à 1 Yes 2 No 3 Probably 4 Unknown been si Completed 24a. Was an autopsy performe 24b. Were autopsy findings available prior to completion of cause of death?

1 ☐ Yes 2 ☐ No has e 2 page certificete 1 Yes 2 🔀 No or Attending Physician: Be 25. Was case referred to medical 26. Place of Death (Check only one) Other: Informant 4 ☐ Nursing Home 5 ☐ Residence 6 ☒ Other (Specify) Home 1 Inpatient 2 1 Tes 2 No 2 ER/Outpatient 3 DOA this 28a. Date of Injury (Month, Day Year) After thi 28c. Injury at Work? 28d. Describe how injury occurred 27. Manner of Death 28b. Time of Certification: 1 X Natural 5 Pendina 1 ☐ Yes 2 ☐ No death. investigation 2 Accident Director: the 3 ☐ Suicide 6 ☐ Could not be Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) in by t determined 4 Homicide within 24 hours after To the Funeral Dire 29a. Certifier 1 🔯 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. Medical 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one) 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifie 29c. License number September 29, 2006 MD 32864 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 1400 2141 K Street NW, #707, Washington D.C. 20037 Ari D. Fishman, M.D. 31. Date filed (Month, Day, Year) 32. Segistrar's Signature State 2006 10000 Registrar

		1	For Stete Registrar	State of Maryland /	Department of Health a Certificate of Death	nd Mental Hygien. Reg. N	ZUUD 31Z41
	Physicia		1. Decedent's Name (First, Middle, Last)	R	loor son	2. Date of Death Month D	ay Year 4:15A
	/Medic Examin	er	4a. Facility Name (If not institution, give  College FC  5. Social Security Number  6. Se:	ieth Care	4b. City, Town, or Location of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Co	24 Hrs. 8. Date of Birth (Month, Day, Yea	c. County of Death  9. Birthplace (State or Foreign Country)
Baltimore, Maryland 21215-0036	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Department of Health and Mental Hygiene. Importent: If item 27 is marked other then "neturel; or Items 23a or 28e-f show any injury or other treumeitc event, the Medical Examinat must be untilied at 2006.	To Be Completed by Funeral Director	Usual Residence of Decedent  10a. State  10b. County  10e. Street and Number	10c. City, To  10c. City, To  12. Was Decedent Ever in U.S.  Armed Forces?  1	In the property of the place of Eacilities of Each of Disposition (Name of terry, crematory or other place)	of working  of working  r's Name (First, Middle, Maide  or Rural Route Number, City  Date  20c.	concers  or Town, State, Zip Code)  to, md; 21229  Location - City or Town, State  - butus; md;
Rus	be executed  X  X  Y  Bopa  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and  Cian and	Examiner	23a. Part 1. Enter the disease, or comp shock, or heart failure. List only of immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause (Disease or injury that initiated events resulting in death) Last	ilications that caused the death. Due cause on each line.  a	to not enter the mode of dying, such as the fund; Concern cerof):	cardiac or respiratory arrest,	Rackind. 21229 Approximate Interval Batween Onset and Death
P.O. Box 68760,	the death certificate y the attending phys iched for use as the	by Physician/Medical Ex	IS SENALS	d	ath 3 ⊟Ectopic pregnancy		23d. Date of delivery Month Day Year
Records, P	e law requires tha has been signed je 2 should be de	Completed by Pl	Part II. Other significant conditions co		g in the underlying cause given in Part I		o use contribute to the cause of death?  2 No 3 Probably 4 Onknown  24b. Were autopsy findings available prior to completion of cause of death?  1 Yes 2 No
Division of Vital Records,	ding Physicien: n. Atter this certitica tuneral director, p	Certification; To Be Co	25. Was case referred to medical examiner?  1 Yes 2 No  27. Manner of Death 1 Natural 5 Pending investigation 3 Suicide 6 Could not be determined	(Month, Day Year)	Outpatient 3 DOA Other: 4 10 No. b. Time of Injury M 28c. Injury at Work? 1 Yes 2	of Death Check onl one ursing Home 5 Residence 28d. Describe how in	6 □Other (Specify)  sjury occurred  and Number or Rural Route Number,
	To the Hospitel or Attention 24 hours after deall within 24 hours after deall To the Funerel Director: completely filled in by the	Medical Ce	29a. Certifier (Check only one)  29b. Signature and title of certifier	iner: On the basis of examination and manner stated.	dge, death occurred at the time, date ar and/or investigation, in my opinion, dea	th occurred at the time, date	and place, and due to the cause(s)
	St Regist	ate rar	30. Name and address of person who of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the se	completed cause of death (Item 23 AWAN 108-2 32 Tegistrar's Signature	29c. License number  D 0 0 6 2 6  Ba) (Type, Print)  H ( C K OR Y R 10 C.E.	20 COLUM	BU MO 21044

			For State Registrar		State of Ma	aryland	d / Depar <i>Cert</i>	tment of	Health and f Death	Mental Hy	/giene ( Reg. No		31242
	Physicia /Medic		1. Decedent's Name (Firs	, Middle, Last)	v. Ra	nda	11			2. Date of D. Month.	eath Day	27.2006	3. Time of Death 5: 30 A M
2	Examin Funeral Director		4a. Facility Name (If not in \$300 Chx 5. Social Security Number 217-38-95	Mel S	Dr	(In yrs. I	ast birthday)	4b. City, Town W (Yd 3) If Under 1 Ye. Months Day	ar If Under 24 h	Irs. 8. Date of Bi	irth	Baltim 9. Birth Con	
	פ	tor		dent County Dalkima	re		Town or Loca						10d. Inside City Limits 1 ☐ Yes 2 No
	h with the	Funeral Director	10e. Street and Number 8 306 CV					10f. Zip Code	1244		10g. Cit	izen of What Cou	intry?
036	is 1 and 2 should be filed within 72 hours after death with the Marylan of Health and Mental Hygiene the feath and Mental Hygiene (Itam 27 is marked other than "netural", or iteme 23s or 28s-f show other traumatic event, the Modical Exacilizational Le notified at	by	11. Marital Status  1 Never Married 2 3 Widowed 4 C	Married	12. Was Decedent I Armed Forces?  1 Types 2 I I Yes, Give Year or Dates:			as Decedent of Yes, specify C		(Specify Yes or N erto Rican, etc.)	0-	14. Race - Amer Black, White Specify: Black	
21215-0036	e filed within 72 ho al Hygiene. other than "netur: vent, the Medical	Completed		ecedent's Educ y highest grade (0-12)		+)	(Give ki	O NOT use ret	ne during most of v red)	working	16b. K	ind of Business/li	pentation
Maryland 2	nould be filed Mental Hyg narked othe natic event,	To Be C	17. Father's Name (First, AFred W.	handall	, Br.				18. Mother's N	na Bro	un	Šurname)	•
_	1 and 2 st tealth and im 27 is n ther traun		19a. Informant's Name/R  BOWN 14 Cg. 1  20a. Method of Dispositio	Randal	1 -	20h PI		Cherr	no morano o	Aural Route Numb	mill		21244
altimore	Page nent c ant: if ury or		1 Burial 2 Cred 4 Donation 5 C	nation 3 🗆 Ro Other (Specify)		CE	emetery, crema	tory or other p		13/06		•	ind Scrule
Bal	permit. Pa Departmer Important eny Injury		21. Signature of Funeral	-C.G	me		8.	138 1113	uty Kal.	Randalist	cun		133
	Priysician		23a. Part1. Enter the dis- shock, or heart failu Immediate Cause (Final disease or condition resulting in death)	ease, or complete. List only on	e cause on each lin	Θ.		the mode of a		O i Slasc	arrest,		Approximate Interval Between Onset and Death
	/Medical Examiner		Sequentially list condition any, leading to immedia	s. b									
8760,	icate be executed physician and s the burial-transit	al Examiner	if any, leading to immedia cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	C	Due to (or as								
P.O. Box 687	ne death certif the attending thed for use a:	Physician/Medical	IF FEMALE: 23b. Was decedent pregint the past 12 month 1 □ Yes 2 □ No 9 □ Unknown	iant	3c. If yes, outcome 1 □Live birth 4 □ Pregnant at 9 □ Unknown	2 🗌 Fetal	death 3□E	ctopic pregnai Other <i>(specify)</i>				23d. Date of delive Month	rery Day Year
ds, P.	uires that the signed by detaction	ρ	Part II. Other significant	conditions con	stributing to death but	ut not resu	iting in the und	erlying cause	given in Part I.		tobacco u		the cause of death?
Division of Vital Records,	The law requires that rate has been signed b page 2 should be deta	Completed			Diabet	es a	ellih	~		24a. Was auto peri 1  Yes	psy ormed?	24b. Were autoprior to condeath?	opsy findings available ompletion of cause of
Vita	icien: certific ector,	Be	25. Was case referred to examiner?		ospital:			T 10	)th on	eath Check only		Transition of the second	
ion of	ding After fune	ertification; To	2 Accident	Pending investigation	1 ☐ Inpatie 28a. Date of Injur (Month, Day		ER/Outpatient 28b. Time of Injury	28c. In	4 🗀 Nui Siriç	Home 5 Hes 28d. Describe			fy)
Divis	tai or Attents safter deati	Certific	3 ☐ Suicide 6 ☐ 4 ☐ Homicide	Could not be determined	28e. Place of Injubulding, etc.	ry - At ho :. (Specify	me, farm, stree	it, factory, offic	е	28f. Location ( City or To			al Route Number,
	o the Hospital or Attentition 24 hours after deatling 2 the Funeral Director: mpletely filled in by the	edical (			sician: To the best of ner: On the basis of and manner sta								
	To the	Σ	29b. Signature and title o	certifier	ھ ۾	44		29c. Lice	nse number		29d. Dat	e signed (Month	Day, Year)
,	1		30. Name and address of	person who co	mpleted cause of d	eath (Item	23a) (Tyna Pi	rint)	43136		Segu	fava 2	7, WO6
	U		55. Humo and address of	5 K	un mill	4	i (	338 (	seen T.	ree M	¥135	Salt	mo zilleg
33 11	Sta Registr		31. Date filed (Month, Da	y, Year) 0 3 200	32. Registra	ar's Signat	ture						Day, Year)  Q. NO ZILLY

			For State	State of Maryla	and / Departn <i>Certifi</i>	nent of Health and cate of Death		ene 2006	31243
			Registrar  1. Decedent's Name (First, Middle, Last)		Oortim	Jaco or Boarr	2. Date of Death		3. Time of Death
	Physici /Medic	al	Roger Gre		Rawling		10	1 2006	11:25 AM
	Examin Funeral Director	er	5. Social Security Number 6. Sex	vare H	OSP, tol	City, Town, or Location of Dei  R O S C O  Inder 1 Year If Under 24 Hi  nths Days Hours Mi	rs. 8. Date of Birth	4c. County of Death  B 9. Birthr Cow 3, 1946 West	place (State or Foreign city) Virginia
	and w		Usual Residence of Decedent  10a. State 10b. County	10c.	City, Town or Locatio	1			0d. Inside City Limits
	Maryla -f eho	ţ	Maryland Baltimore	9	Middle Ri	ver			1 ☐ Yes 2⁄€ No
	th with the 23s or 28s	Direc	10e. Street and Number 2137 Firethorn Road		10	rf. Zip Code 21 220	10	og. Citizen of What Cour USA	ntry?
036	permit. Peges 1 and 2 should be filed within 72 hours after deeth with the Maryland Depertment of Health and Mental Hygiene. Important: if Item 27 is marked other then "natural", or Items 23a or 28a-f ehow ampiritury or other traumatic event, Ite Medical Exprine Fruit by Intilified at ADDE.	by Funeral	11. Marital Status  1 Never Married 2 Married 3 Widowed 4 Divorced	<ol> <li>Was Decedent Ever if Armed Forces?</li> <li>XYes 2 □ No If Yes, Give Year or Dates:</li> </ol>		Decedent of Hispanic Origin?, specify Cuban, Mexican, Pueses 2 XNo Specify:	(Specify Yes or No- erto Rican, etc.)	14. Race - Americ Black, White, Specify: Wh.	etc.
21215-0036	ithin 72 ho e. hen natur	Completed	15. Decedent's Educ (Specify only highest grade Elementary/Secondary (0-12)	College (1-4or 5+)		Usual Occupation of work done during most of w OT use retired)		16b. Kind of Business/In Bethlehem S	_
d 2	fited w Hygier ther ti		12 years 4	4 years	Mainter	nance Mechanic	ame (First, Middle, M		reeı
Marylarid	Aental Aental rked o	To Be	Donald F. Rawlings			Virgi	nia B. Tas	sker	
lang	2 should and he mails mail		19a. Informant's Name/Relationship (Ty)			dress (Street and Number or			
e,	1 and Health em 27 Ither to		Sharon Rawlings 20a. Method of Disposition	Wife 20	b. Place of Disposition	rethorn Road,	Date 2	COc. Location - City or To	
altimore,	Peges ient of nt: If It ry or c		1 XBurial 2 ☐ Cremation 3 ☐ R 4 ☐ Donation 5 ☐ Other (Specify)	emoval from State	cemetery, cremator		Ctober , 2006 M	iddle River, M	aryland
Balti	permit. Depertm Imports eny Inju		21. Signature of Funeral Service License	**************************************	Con 7110	nellý funeral Sollers Poir		undalk,P.A. undlak,MD.	21222
			23a, Part1. Enter the disease, or compli shock, or heart failure. List only or	cations that caused the die cause on each line.	leath. Do not enter the	mode of dying, such as card	iac or respiratory arre	est,	Approximate Interval Between Onset and Death
	Physician /Medical		Immediate Cause (Final disease or condition resulting in death)	BilatER		umonicu			
	Examiner		f.	Due to (or as a con	RES				
	ק ק	Iner	Sequentially list conditions, if any, reading to immediate cause. Enter Underlying Cause (Disease or injury	Due to (or as a con					
V	and and al-trans	Examiner	that initiated events resulting in death) Last	Due to (or as a con	VA sequence of):				
68760,	ificate be executed g physicien and as the burial-transit	edical E		ciabe	tes in	- llitus =			
P.O. Box 6	ath cert	Physician/Me	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 □ Yes 2 □ No 9 □ Unknown	3c. If yes, outcome of pre 1 Live birth 2 If 4 Pregnant at time 9 Unknown	Fetal death 3 ☐Ecto	pic pregnancy er (specify)		23d. Date of deliv Month	ery Day Year
	res thet the de signed by the e be detached f	by Ph	Part II. Other significant conditions cor			1-	23e. Did tob	acco use contribute to t	
ord	w require been signature should b	ted	Dementia, OF	Eganic Bi	Rain 50	NOROME	1 ☐ Ye	s 210 No 3 □ Prol	oably 4 □Unknown
al Records,	ysician: The law is certificete hes b director, page 2 st	Completed	Bipolar diso	Rder.	, p= 4 4 p , 4 p , 4 p , 1		24a. Was an autopsy perform	y prior to co	opsy findings available impletion of cause of
of Vital	sician: The certificate irector, pag	o Be	25. Was case referred to medical examiner?  1 Yes 2 No	lospital:	2 ER/Outpatient 3	Other	eath (Check only one	e) ince 6 ⊡Other (Speci	6/)
on of	ing Ph ). After th funeral	ition: To	27. Manner of Death  1. Natural 5 Pending 2 Accident investigation	28a. Date of Injury (Month, Day Yea	28b. Time of	28c. Injury at Work?	28d. Describe ho		97
Division	o affic	Certification:	3 Suicide 6 Could not be determined	28e. Place of Injury - A building, etc. (Sp		actory, office	28f. Location (Str City or Town	reet and Number or Run n, State)	al Route Number,
	Hospital 24 hours a Funeral stely filled	edicai (				urred at the time, date and pla gation, in my opinion, death or			
	To the within 2 To the comple	Med	29b. Signature and title of certifier	and mariner stated.		29c. License number	29	9d. Date signed (Month,	Day, Year)
	r ≤ F ö	77	· mkn			כדרות	18	10-1-6	
	0		30. Name and address of person who co	game you	(Item 23a) (Type, Prin		/ a 10 - 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- CO 1	0 1117
	[V	ate	31. Date filed (Month, Day, Year)	32 Abgistrar's S	ignature	July V	16 70-1	mol By	123
	St Regist		DOT 0.9.285		li ha	R.		~	

DHMH 17 Rev 1/2001

# Please Type or Print in Black Indelible Ink Manyland / Department of Health and Mental Hygiene

n Ro	Red	or State		tificate of Deat		Reg.	No. 200	6 312
/Physiciah lical Examine		Decedent's Name (First, Middle, Last)  1bert Woonho Ro, [				Month September	year 26, 2006	2158 hrs
		Facility Name (if not institution, give 1414 Crain Highway North			Town, or Location of Deat Burnie		4c. County of Death	
Funeral Director	2		7. Age (In yrs. Ia M 2 F 51	st birthday) If Und Yrs. Month	er 1 Year If Under 24Hr Is Days Hours Min		MM/DD/YYYY) 9. Bir 1,1955 Co	thplace (State or FKangwondo ^{Juntry)} Korea
any	_	ual Residence of Decedent a. State 10b. County	10c. City,	Town or Location			<u> </u>	10d Inside City Limit
or 28a-f show fied at once.	M	aryland Anne Aru	undel Co. Hai	nover	Code	100	. Citizen of What Cou	1 Yes 2 X N
th the Maryland 3a or 28a-f sho totified at once	7	293 Flaxpool Cour	:t	101. 21	21076	"	nited Stat	
hours after death with the Maryland natural", or items 23a or 28a-f she Examiner must be notified at once ted by Funeral Director	11	. Marital Status  Never Married 2 X Married	12. Was Decedent Ever in U. Armed Forces?  1 Yes 2 No	S. 13. Was Decede If Yes, speci	ent of Hispanic Origin? ( S fy Cuban, Mexican, Puert	Specify Yes or No- to Rican, etc.)	White, etc.	ican Indian, Black,
215-0036 be filed within 72 hours after hal Hygiene ked other than "natural", o ent, the Medical Examiner r Be Completed by F	3	<ol><li>Decedent's Education (Specify on</li></ol>		16a. Decedent's Usual	No specify:  Occupation (Give kind of rking life, DO NOT use re		Specify: KOI 6b Kind of Business	rean Industry
5-0036 ed within 72 hour lygiene other than "natu he Medical Exan	200	Elementary/Secondary (0-12)	College (1-4 or 5+)	· ·	tist		Dentis ⁻	try
y, MD 21215-0036 and 2 should be filed within 72 tent and Montal Hygiene tent 71 is marked other than " traumatic event, the Medical To Be Complet		. Father's Name (First, Middle, Last)				ne (First, Middle, Ma	iden Surname)	
Z1Z1 ould be fi d Mental I s marked lic event,		oung Joon Ro a. Informant's Name/Relationship (Ty	rpe, Print )	19b. Mailing Address	S (Street and Number or	OOK Choi	er, City or Town, State	e, Zip Code)
e, MD Z	M	rs. Susan (nee Har		7293 Flax	pool Court		, Maryland	
nore		Burial 2 Cremation 3  Donation 5 Other Specify:	Removal from State	crematory or other place laney Valle	ey Mem. Sep	t.30,2006	Timoni	ım, Maryla
Baltin permit Departm Importa	21	Signature of Funeral Service Licens	gar. Dr	22. Name and Peacef	Address of Facility ul Alternat ork Road	ives Fune	ral&Crema	tion Ctr.,
Physician /Medical	1 "	Ba Py I Inter the disease, or comp failur. List only one cause on ea	Ine.	. Do not enter the mode	of dying, such as cardiac	or respiratory arres	t, shock, or heart	Approximate Interv Between Onset ar Death
Examiner		Illiangra agent (1 ma) areases	Sharp and Blunt Force Due to (or as a consequence o					<del> </del>
. Je			Due to (or as a consequence o	f):				
ted Insit	CA (I e	ause. Enter Underlying Cause Disease or injury that initiated vents resulting in death) Last	Due to (or as a consequence o	f):				
760, cate be execuiphysician and the burial - tra			AMENDED #28c Per	r ME G860 1	0/03/06 ЈН			
Ox 68:	Clan	FEMALE: b. Was decedent pregnant in the past 12 months?  Yes 2 No 9 Unknown	23c. If yes, outcome of preg  1 Live birth 4 Pregnant at time of de	2 Fetal death		nancy	23d Date of delive Month	Day Year
P.O. Es that the digned by the ce detached	2	art II. Other significant conditions	contributing to death but not r	esulting in the underlyin	g cause given in Part I		acco use contribute to	the cause of death?
Division of Vital Records, P.O. Box 687 rat or Attending Physician: The law requires that the death certific are after death "at Divector After this certificate has been signed by the attending pled in by the functal director, page 2 should be detached for use as the difference of the Computation of the Divisional Attention of the Computation of the Divisional Attention of the Computation of the Divisional Attention of the Divisional Attention of the Divisional Attention of the Divisional Attention of the Divisional Attention of the Divisional Attention of the Divisional Attention of the Divisional Attention of the Divisional Attention of the Divisional Attention of the Divisional Attention of the Divisional Attention of the Division of the Divisional Attention of the Division of the Divisional Attention of the Divisional Attention of the Divisional Attention of the Division of the Divisional Attention of the Division of the Divisional Attention of the Division of the Division of the Division of the Division of the Division of the Division of the Division of the Division of the Division of the Division of the Division of the Division of the Division of the Division of the Division of the Division of the Division of the Division of the Division of the Division of the Division of the Division of the Division of the Division of the Division of the Division of the Division of the Division of the Division of the Division of the Division of the Division of the Division of the Division of the Division of the Division of the Division of the Division of the Division of the Division of the Division of the Division of the Division of the Division of the Division of the Division of the Division of the Division of the Division of the Division of the Division of the Division of the Division of the Division of the Division of the Division of the Division of the Division of the Division of the Division of the Division of the Division of the Division of the Division of the Division of the Division of the Division of the Divisio	ompieted					24a Was ar autops perform	prior to death?	utopsy findings availat completion of cause of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second
al Re an: The ertificate stor, pag	2 ا	5. Was case referred to medical			26 Place of Death (Chec		No	es 2 No
FVIÇ Physicia or this co	<u>n</u>	examiner?  1 ✓ Yes 2 No  7. Manner of Death	lospital: 1 Inpatient 2 28a. Date of Injury	ER/Outpatient 3 28b. Time of Injury	DOA Other Nurs		esidence 6 🗸 Othe	er: Scene
ion of trending l feath tror: Afte the funer	5	7. Manner of Death  1 Natural 5 Pending 2 Accident Investigati	FOUND: Day, Year) Sep 26, 2006	FOUND: 2158 hrs	XX Yes 2 No	Subject assa	ulted	
Divisior tal or Attend rs after death al Director: led in by the	ertitic				y, office building, etc.	or Town, Sta		ural Route Number, C Glen Burnie, MD
Division of Vital Records, P.O. B To the Hospital or Attending Physician: The law requires that the d within 24 hours after death To the Funeral Directors. After this certificate has been signed by the completely filled in by the funeral director, page 2 should be detached	ਰਹਿੰ	9a Certifier 1 Certifying Physic	ian: To the best of my knowled: On the basis of examination a	ige, death occurred at th		nd due to the cause	(s) and manner as sta	arted
To wit	2	9b. Signature and title of certifier	and manner stated.	29	O.C.M.E.		29d. Date signed (M September 27,	
150	3	0. Name and address of person who Zabiullah Ali, M.D. Assi	completed cause of death (Iten		et, Baltimore, MD 2	21201		
Sta	te 3	1 Date filed (Month, Day, Year)	32 Raistrar's Signat	ure de all	,			
Registra	ar_	OCT 0 3 2	006 Maria -	M. Agarda				

			1 - For State Registrar	State of M	aryland / D		rtment of H				jiene,	2006	31245
	Dhunisi		1. Decedent's Name (First, Middle, Las	st)					2	Date of Dea Month	th Day	Year	3. Time of Death
	Physici /Medic		Shirley L. F								28	2006	11:55p4
>	Examin	er	4a. Facility Name (If not institution, give				4b. City, Town, or		of Death			County of Dea	
	<del></del>		Gilchrist Cent 5. Social Security Number 6. S		ge (In yrs. last birt	hdayl	Towsor		24 Hrs.   8	Date of Birth		Balti	
	Funeral Director			□ M <b>%</b> [XF	74		Months Days	Hours	Min.	(Month, Day)	, Year)		thplace (State or Foreign ountry) aryland
	ס		Usual Residence of Decedent							0/10/	193	1 114	
	arylar show	L	10a. State 10b. County		10c. City, Town								10d. toside City Limits
	Ba-f	Director	MD Baltin	nore	Parkv	ill							1 Yes 2 No
	a or			Tana			10f. Zip Code 2123	2 /		'	0g. Citiz	en of What C USA	ountry?
	leath	Funeral	2505 Lampost	12. Was Decedent	Ever in U.S.	13. W			igin? (Speci	ty Yes or No-	1.	4. Race - Am	erican Indian
(0	r iten	듄	1 Never Married XXMarried	Armed Forces			as Decedent of Hi Yes, specify Cuba			can, etc.)		Black, Whi	te, etc.
ဗ္ဗ	rel', o	þ	3 Widowed 4 Divorced	tf Yes, Give Year or Dates:		11	∐Yes <b>ŽO</b> XNo	Specify:			3	Specify: W	hite
50	be filed within 72 hours after death with the Maryland stal Hygiene. Id other then "neturel", or liems 23a or 28a-f show event. The Medical Examinar must be notified at	Completed	15. Decedent's Ed (Specify only highest gra	lucation de completed)	16a.	Decede (Give ki	int's Usual Occupa ind of work done of O NOT use retired	ation during mos	st of working		16b. Kin	d of Business	/Industry
121	hen Ma	Ig II	Elementary/Secondary (0-12)	College (1-4or	5+)		o not use retired ememaker				r	eside:	nce
2	Hygint.		17. Father's Name (First, Middle, Last)						er's Name (	First, Middle, I			
and	d be	To Be	James F. Lewi							beth			
ary.	2 should be and Mental Is marked o	-	19a. Informant's Name/Relationship (		19b.	Mailing	Address (Street a	and Numb	er or Rural F	Route Number	, City or	Town, State,	Zip Code)
ž	is 1 and 2 of Health a itsm 27 is other train		Edward W. Ried	del - sp	ouse	25	05 Lamp	post	Lane	Par	kvi	lle,	MD 21234
ore	of He of He fiten r oth		20a. Method of Disposition 1 ☐ Burial 2 ☒ Cremation 3 ☐	Demoval from State	20b. Place of cemeters	Disposi y, crema	tion (Name of atory or other place	e)	Septe	mher	20c. Loc	ation - City or	Town, State
Ē	Pag ment ant: I		4 □Donation 5 □ Other (Specify	1)	Evans Chap	eI-	atory or other place neral Bel Ai	ir	30, 2	2006	_		Hill, MD
Baltimore, Maryland 21215-0036	permit. Pages 1 and 2 should by Department of Health and Menta Important: If itsm 27 is marked any Injury or other traumatic as one.		21. Signalure of Funeral Service Com	Me	h.		Name and Addres						ford Rd. e, MD 2123
			23a. Parti. Enter the disease, or com- shock, or heart failure. List only	plications that cause one cause on each I	the death. Do nine.	ot enter	the mode of dying	g, such as	cardiac or r	espiratory arr	est,		Approximate Interval Between
	Physician		tmmediate Cause (Finat disease or condition	· Sprid	l cul	Li	mg Car	nccr	•				Onset and Death
	/Medical Examiner		resulting in death)	Due to (or as	a consequence o	of):	1						
		20	Sequentially list conditions,	b. Due to for as	a consequence o	in the second							
) <del>J.</del>	uted Insit	Examiner	if any, leading to inimediate cause. Enter Underlying Cause (Disease or injury			,.							
ó	exection and rial-tra		that initiated events resulting in death) Last	Due to (or as	a consequence o	of):							
8760,	death certificate be executed e attanding physician and id for use as the burlat-transit	dical		d									
9	nd ph	Med	IF FEMALE:				-						
Вох	eath certific attanding p I for use as	by Physician/Med	23b. Was decedent pregnant in the past 12 months?		2 Fetal death		ctopic pregnancy				23	3d. Date of de Month	livery Day Year
P.O.	he de the a	ysic	1 ☐ Yes 2 Dollo 9 ☐ Unknown	4⊡Pregnant a 9⊡ Unknown	t time of death	5 🔲 (	Other (specify)						Ju, . Ju.
	requires that the di een signed by the hould be detached	F.	Part II. Other significant conditions c	ontributing to death t	out not resulting in	the und	lerlying cause give	en in Part I	ı.	23e. Did tot	oacco us	e contribute to	o the cause of death?
rds	quires n sign									NOY	es 2 🗆	No 3∏P	robably 4 Unknown
S		Completed								24a. Was a	n	24b. Were a	utopsy findings availabte
Re	The law ste has b	E								autops perforr	ned?	prior to death? 1 \(\sum \) Yes	completion of cause of
ita	ien: rtifice ctor, p	BeC	25. Was case referred to medical examiner?					26. Place	e of Death (6	Check only on	No No	10,100	2 2 140
<u>&gt;</u>	Physicien: this certific ral director,	2	1 ☐ Yes 2 No	Hospital: 1 Inpati	ent 2 ER/Out	patient	3□ DOA Othe	er: 4 □ No	ursing Home	5 🗌 Reside	ence 6	Other (Spe	city) MSPig
ū	ing P Vfter t unera		27. Manner of Death  1 Chaturat 5 ☐ Pending	28a. Date of triji (Month, Da		ime of	28c. Injury Work			d. Describe ho	ow injury	occurred	
Sio	Attending or death. ector: After by the fune	cati	2 ☐ Accident investigation 3 ☐ Suicide 6 ☐ Could not be					Yes 2 🗌					
Division of Vital Records,	tal or A	Certification:	4 Homicide determined	building, e	jury - At home, far tc. (Specify)	m, stree	at, factory, office			City or Town	reet and n, State)	Number or H	ural Route Number,
)	To the Hospital or Attending Physicien: The I within 24 Hours after death.  Within 24 Luneral Director: After this certificate ha completely filled in by the funeral director, page	edical	29a. Certifier  (Check only one)  2 Medical Exam	ysician: To the best niner: On the basis of and manner si	of examination and	, death o	occurred at the timestigation, in my op	ne, date ar pinion, dea	nd place, and ath occurred	d due to the ca at the time, da	ause(s) a ate and p	and manner as place, and due	s stated. e to the cause(s)
	To the within 24 To the complete	Σ	29b. Signalure and title of certifier	~~			29c. License	number					th, Day, Year)
			· Arcount				030	/ /	, 		≥ & K	wie !	39 2006
_	2		30. Name and address of person who	1 6565	V Cher	u,	ST B	nn	no n	n 212	04		
	Sta Registr		31. Date filed (Month, Day, Year)  OCT 0 3 20	32: Regist	rar's Signature	430	48.50						
				100		*							

		1 - State Registrar		Maryland / Dep Co	ertificate of	Death	Re	eg. No.	
Physici	an	Decedent's Name (First, Middle, II     Alexandra M. Ree					2. Date of Death Sept. 2	^h 2006 Year	3. Fime of Death 4:30 A. M
/Medic		4a. Facility Name (If not institution, g		nc)	4h City Town	or Location of Death	bept. 2	4c. County of Deat	
Examin	er	Gilchrist Center		,		wson			e County
Funeral Director		5. Social Security Number 6 219-26-8099	Sex 7. 1 ☐ M 2 🔀 F	Age (In yrs. last birthda 76 Yrs.	y) If Under 1 Year Months Days	If Under 24 Hrs. Hours Min.	8. Date of Birth (Month, Day, May 16,	Year) 9. Birt Co 1930 Bal	hplace (State or Foreig unity) timore, MD.
pur *		Usual Residence of Decedent  10a. State 10b. County		10c. City, Town or	Location				10d. Inside City Limit
within 72 hours affer death with the Maryland sne. Than "natural", or Iteme 23a or 28a-f ehow he Macical Examiner must be nutitled a	ctor		ore Count						1 ☐ Yes 2 🖺 N
or 28	)ire	10e. Street and Number			10f. Zip Code		10	0g. Citizen of What Co	-
238	rai	8810 Walther Blv				234		United St	
ral', or Iteme	by Funeral Director	11. Marital Status  1 ⚠ Never Married 2 ☐ Married  3 ☐ Widowed 4 ☐ Divorced	12. Was Decede Armed Force 1 Yes 2 If Yes, Give Year or Date	No	8. Was Decedent of H If Yes, specify Cub 1 ☐ Yes 2 1 No		ecify Yes or No- Rican, etc.)	14. Race - Ame Black, Whit Specify: W	
tal Hygiene. d other than "natur event, the Medical	Completed	15. Decedent's (Specify only highest of Specify only highest of Specify Only highest of Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Speci	College (1-4d	or 5+)	edent's Usual Occup ve kind of work done DO NOT use retire		ing	16b. Kind of Business	
Hygier other th		12	06	C	ffice Ass			Office Wo	rk
and Mental Hygie te marked other t raumatic event, in	Be	17. Father's Name (First, Middle, La				18. Mother's Nam		Maiden Sumame)	
1 Men narke	²	Thomas Leonard F		405-14-	W 4 dd (O	Betty St		, City or Town, State, 2	7'- C- d-)
		Mrs. Kim M. Bake		7107	Heathfie	ld Road	Baltimo	re,Marylar	d 21212
nent o		20a. Method of Disposition  1 ☐ Burial 2 🌣 Cremation 3  4 ☐ Donation 5 ☐ Other (Spe	☐Removal from Sta		position (Name of rematory or other pla ineral Cha			20c. Location - City or Forest Hil	
Departn Imports eny inju		21. Signature of Funeral Service Lic	ensey g	wh	22. Name and Addre Peaceful A 2325 York	ess of Facility 1ternativ Road Tim	es Funer onium, M	al&Cremati Maryland 2	on Ctr.,P
Attending Physician: The law requires that the death certificate be executed to reach the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the contro	ledicai Examiner	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	b. — Cue to (or	as a consequence of): as a consequence of):					Onset and Death
by the attending pl tached for use as t	by Physician/Med	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 □ Yes 2 ⊠No 9 □ Unknown		2 Fetal death 3 at time of death 5	B Ectopic pregnanc	у		23d. Date of del Month	ivery Day Year
signed b	d by Pi	Part II. Other significant conditions	contributing to deat	n but not resulting in the	underlying cause gr	ven in Part I.		pacco use contribute to es 2 □ No 3 □ Pr	the cause of death?
ate has been si page 2 should b	Completed						24a. Was ar autops perform 1 Yes 2	ned?   death?	utopsy findings availab completion of cause o
certificate	Be	25. Was case referred to medical examiner?				26. Place of Deat	h (Check only on	е)	
this o	J.	1 Yes 2 No	Hospital: 1 Inpa		GIIL 3 DOA		ome 5 Reside		city) No spice
After After funer	o.	27. Manner of Death 1		njury 28b. Time Day Year) Injury	Wo	rk? ]Yes 2 □ No	28d. Describe no	ow injury occurred	
within 24 hours etter death. To the Funeral Director; A completely filled in by the fu	Certification:	2 Accident investigat 3 Suicide 6 Could not 4 Homicide determine	be 28e. Place of	Injury - At home, farm, etc. (Specify)		7163 2 110	28f. Location (Sti City or Town	reet and Number or Ro n, State)	ural Route Number,
24 hours Funeral	Medical C	29a. Certifier (Check only one) Certifying 2 Medical Ex	Physician: To the be eminer: On the basis and manner	st of my knowledge, de s of examination and/or	ath occurred at the ti investigation, in my	me, date and place, opinion, death occur	and due to the ca	ause(s) and manner as ate and place, and due	stated. to the cause(s)
within 2 To the complet	Med	29b. Signature and title of certifier	and manner	stated.	29c. Licen:	se number	29	9d. Date signed (Mont	h, Day, Year)
β⊢ŏ		Aleran	Lm		DS	8300		sentember	
Q		30. Name and address of person wh	o completed cause of	of death (Item 23a) (Tvo			9	School of the	
-		AANIN CHARIRS				Brown	o mo T	21204	
Sta	te	31. Date filed (Month, Day, Year) OCT 0 3 20	A2. Reg	strar's Signature					
Registr		OCT 0 3 20	06	is the figure	ace.				

State of Maryland / Department of Health and Mental Hygiene 2006Certificate of Death 2. Date of Death 1. Decedent's Name (First, Middle, Last) 23.200x Physician Sydnor Darryl PREMBER 1455 /Medical 4c. County of Death 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death Examiner Union Memorial Hospital Baltimore 8. Date of Birth (Month, Day, Year) If Under 1 Year | If Under 24 Hrs. Birthplace (State or Foreign Country) 7. Age (In yrs. last birthday) **Funeral** Days Hours 1√2 M 2□ F LUKNOWN Md. Yrs Director 39 11-4-1966 Usual Residence of Decedent with the Maryland 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "neturel", or Iteme 23a or 28a-f ehow the Medical Examiner must be nutified at 1 X Yes 2 ☐ No Director Md. NA Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21213 3125 Kentucky Avenue Pages 1 and 2 should be filed within 72 hours atler death v nent of Health and Mental Hygiene. ant: If item 27 ie marked other than "neturel", or Iteme 23s Funeral . Was Decedent Ever in U.S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indian, Black, White, etc. 1 Yes 2 No If Yes, Give X Year or Dates: 1 Never Married 2 Married Baltimore, Maryland 21215-0036 1 ☐ Yes 2 ☐ No Specify: Specify: <u>≽</u> Black 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Unemployed NA 12th grade 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Shirley Α. Marritt ဨ Norman L. Sydnor, Sr. 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Wife 3125 Kentucky Ave, Baltimore, Md. Michele D. Sydnor 20b. Place of Disposition (Name of cemetery, crematory or other place) Date 20c. Location - City or Town, State 20a. Method of Disposition 1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) ö permit. Page Department o Important: If 9-30-06 Randallstown, Md. injury King Mem. Park 21. Sgnature of Funeral Service Licensee 22. Name and Address of Facility March F.H. East eny i 21202 1101 E. North Ave., Baltimore, Md. 23a, P n1 Enter the disease, or complications that caused title death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ho k, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immedia a Cause (Final dispase / r condition resulting in death) Myocardia Pnysician /Medical Du (or as a consequence of): Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a noneequance of) Examiner The law requires that the death certificate be executed burial-transit Due to (or as a consequence of): Box 68760. ettending physicien Physician/Medical use as the IF FEMALE 23c. If yes, outcome of pregnancy 1 ☐ Live birth 2 ☐ Fetal death 23d. Date of delivery 23b. Was decedent pregnant 3 Ectopic pregnancy in the past 12 months? 1 ☐ Yes 2 ☐ No Year ò Month Day 4☐Pregnant at time of death 5 Other (specify) Division of Vital Records, P.O. 23e. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. δ page 2 should be 2 No 3 Probably 4 ☐Unknown Completed 24b. Were autopsy findings available prior to completion of cause of death?

1 Yes 2 No 24a. Was an 1 Yes 2 □ No To the Hospital or Attending Physicien: within 24 hours efter death. To the Funeret Director: After this certifica 25. Was case referred to medical 26. Place of Death (Check only one) Hospital: 1 Inpatient 2 YER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 ☑ No After this funeral dir 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Certification: 1 Natural 5 Pending investigation 2 Accident 6 Could not be determined 3 🗌 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29a. Certifier Medical 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. completely (Check only one) 29c. License number 29b. Signature and title of certifier M 49269 npleted cause of death (Item 23a) (Type, Print) 30. Name and address of person who co Memorial 31. Date filed (Month, Day, Year) 32. Registrar's Signature State Registrar

DHMH 17 Rev 1/2001

State of Maryland / Department of Health and Mental Hygiene 2006 31248 For State Registra Certificate of Death 2. Date of Death 3. Time of Death 1. Decedent's Name (First, Middle, Last) Day **Physician** September 30, 2006 12:50 P M Norman Richard Sherman /Medical 4b. City, Town, or Location of Death 4c. County of Death 4a. Facility Name (If not institution, give street and number) Examiner Gilchrist Center Baltimore Towson If Under 1 Year | If Under 24 Hrs. Months | Days | Hours | Min. 5. Social Security Number 8. Date of Birth
(Month, Day, Year)
Jan. 8, 1924 9. Birthplace (State or Foreign 7. Age (In yrs. last birthday) **Funeral** Months Maryland 1**∑**M 2□F 82 216-18-3829 Yrs. Director Usual Residence of Decedent 10d. Inside City Limits 10a State 10h County 10c. City. Town or Location other then "natural", or iteme 23s or 28s-f show vent, the Madical Examinar must be notified at 1 ☐ Yes 2 ☐ No Director Baltimore Maryland N/A 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 5709 Adleigh Ave., Apt. B4 21206 U.S.A. Funeral filed within 72 hours after death 12. Was Decedent Ever in U.S. Armed Forces?

1 □X/es 2 □ No
If Yes, Give Year or Dates: WW 11 14. Race - American Indian, Black, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married Baltimore, Maryland 21215-0036 1 ☐ Yes 2 ☐XNo Specify: Specify: White þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Self-Employed Electrician Elementary/Secondary (0-12) College (1-4or 5+) Electrician 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) and Mental h Pages 1 and 2 should be Morris Sherman Belle Falk 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) permit. Pages 1 and 2 Department of Health a Important: if item 27 ie any injury or other trat once. Myrtle Sherman (wife) 5709 Adleigh Ave., Apt. B4, Baltimore, MD 21206 20b. Place of Disposition (Name of cemetery, crematory or other place) Date 20c. Location - City or Town, State 20a. Method of Disposition 1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 10/4/2006 Bayview Crematory Baltimore, Maryland 21. Signature of Fun val Service Lice 22. Name and Address of Facility Schimunek Funeral Homes 9705 Belair Rd., Baltimore, MD 21236 nt. Enter the disease, or comprications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ock, or hearf failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final **Physician** Congestive healt failure Years resulting in death) /Medical Due to (or as a consequence of) Examiner S quential y list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events Loronar Due to (or as a consequence of) Examine physicien and s the burial-transit or Attending Physicien: The law requires that the death certificate be executed resulting in death) Last Due to (or as a consequence of): .O. Box 68760 Completed by Physician/Medical use as the IF FEMALE: 23c. If yes, outcome of pregnancy 1 Live birth 2 Fetal death 23d. Date of delivery 23b. Was decedent pregnant in the past 12 months? 3 Ectopic pregnancy Day 4☐Pregnant at time of death 5 ☐ Other (specify) 1 ☐ Yes 2 ☐ No 9 Unknown 9 Unknown Division of Vital Records, P. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown 24b. Were autopsy findings available prior to completion of cause of death? autopsy performed? 1 ☐ Yes 2 ☐ No 2NO 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Stother (Specify) ဥ 1 ☐ Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA After this 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 27. Manner of Death 28c. Injury at Work? Certification: 5 Pending 1 Natural 2 Accident To the Hospitel or Attending within 24 hours after death.

To the Funeral Director: After completely filled in by the fun. 1 ☐ Yes 2 ☐ No investigation 3 ☐ Suicide 6 ☐ Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 ☐ Homicide 22a Certifica (S) Contifying Physiciam To the best of my knowledge, death perumed at the time date and place, and due to the nauce(s) and narmer as stated. Medical 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one) 29c. License number 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifier 00061199 OCT. I, 2006 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) ST Suite 209, Towson MD North Charles Black 6565 3. Registrar's Signature 31. Date filed (Month, Day, Year) State OCT 0 3 2006 Registrar

			For State Registrar		State of Ma	aryland	/ Depa	artment of F tificate of	lealth a <i>Death</i>	and Men	tal Hygi	iene g. No. 2 (	006	3124	9
	Physici /Medic		1. Decedent's Name (First, M	Aiddle, Las	SCHO	FIE	LD				Date of Death Month	Day	Year 2006	3. Time of Death	M
	Examin Funeral Director		4a. Facility Name (If not instr PLEASANT VI + 101 OLD ) 5. Social Security Number 217-76-126	6. Se	ON AL 7. Ag	FIKE e (In yrs. Ia:		4b. City, Town, of MOUNIf Under 1 Year Months Days	- 11	IRY 24 Hrs. 8. (	Date of Birth Month, Day, arch	CAI	9. Birthp	place (State or Fore	∍ign
	D		Usual Residence of Deceder	nt		100 City	Town or Lo				arcii	0,15		0d. Inside City Lim	ito
	Aaryla f shov	ō		ecil		roc. City,		rt Depo	sit					1 ☐ Yes 2 🔯	
	28e-	Director	10e. Street and Number					10f. Zip Code			10	ng. Citizen o	of What Cou	ntry?	
	th with		16 Denise	St.								USA	A		
21215-0036	be filed within 72 hours after death with the Maryland tal Hygiene. do other then "natural", or Itams 23a or 28e-1 show event, the Medical Examinar must be notified at	by Funeral	11. Marital Status  1  Never Married 2   3 □ Widowed 4 □ Divo		12. Was Decedent Armed Forces?  1 Yes 2 Xi If Yes, Give Year or Dates:		1	Vas Decedent of H Yes, specify Cub ☐ Yes 2X No	lispanic Orig an, Mexican, Specify:	gin? (Specify , Puerto Rica	Yes or No- n, etc.)	В	ace - Americ lack, White, cify: Whi	etc.	
5-0	72 hc "natur	Completed	15. Dec (Specify only h	edent's Ed	ucation de completed)		16a. Deced (Give	lent's Usual Occup kind of work done OO NOT use retire	ation during most	of working		6b. Kind of	Business/In	dustry	
121	within ene. then "	Juno	Elementary/Secondary (0-	12)	College (1-4or 5	i+)		Housewi				Н	Iome		
102	e filed Il Hygid othar vant,	BeC	8 yrs. 17. Father's Name (First, Mic	idle, Last)					18. Mother	r's Name <i>(Fir</i>	st, Middle, N	faiden Sum	am <i>e)</i>		
ylar	should be fand Mental B s marked of umetic eva	ToE	unknown							Sa 	adie	unkr	nown		
Maryland	s 1 and 2 should f Health and Men itam 27 is marka othar traumetic		19a. Informant's Name/Rela		ype, Print) COUSIN			_{g Address (Street} Denise						Code)	
Baltimore,	permit. Pages 1 and 2 Department of Health e Important: If itam 27 is any injury or other tra 2005.		20a. Method of Disposition 1 X Burial 2 ☐ Crema 14 ☐ Donation 5 ☐ Oth			cen	ce of Dispo	sition (Name of natory or other pla . Cem .	1	Date Sept.		20c. Location			
Balt	permit. Departr Imports any inje		21. Signature Funeral Se	vice Licen	7		C 7	Name and Addre Onnelly 110 Sol	Fune		Home (	of Du 2122	indal	k	
			23a. Palt1. Enter the disease shock or heart failure.	e, or comp	lications that caused one cause on each lin	the death.								Approximate Interval Between	
	Pnysician		Immediate Cause (Final disease or condition		a. MY00	ARD	iAL	LNFAL	2cTIO	A				Onset and Death	7
4	/Medical Examiner		resulting in death)		ue to or as	a conseque	ence of): SC							Lean	
	3 8 ,	Jer	Sequentially list conditions,		b. Due to (or as			071							
/	ocuted nd transit	Examiner	cause. Enter Underlying Cause (Disease or injury that initiated events	1	c										
38760,	icate be executed physician and s the burial-transit		resulting in death) Last	- (	Due to (or as	a conseque	ince of):								
687		edlcal			d		-								
.O. Box	law requires that the death certificate been signed by the attending to should be detached for use as	Physician/M	<pre>IF FEMALE: 23b. Was decedent pregnar in the past 12 menths? 1 ☐ Yes 2 ☑ No 9 ☐ Unknown</pre>	11	23c. If yes, outcome 1 □Live birth 4 □ Pregnant at 9 □ Unknown	2 Fetal d	leath 3[	Ectopic pregnanc Other (specify)	<i>y</i>				Date of deliver	ery Day Year	
ds, P	uires that signed b	by	Part II. Other significant co		entributing to death b	ut not result	ing in the ur	nderlying cause giv	ren in Part I.		23e. Did tob	/		ne cause of death?	
Records,	w requ	ompieted		>sliv u	thre pa	Imon	any	Theas	e		24a. Was ar	241	. Were auto	psy findings availa	ble
Re	The te h	omp	October	- •			_/_				autops	/	prior to co death?	mpletion of cause	
Vital		BeC	25. Was case referred to me examiner?	odical					26. Place	of Death (Ch					
of V	S - S	은	1 ☐ Yes 2 ☑ No		Hospital: 1 ☐ Inpatie		R/Outpatien	The second second	4 Mur	rsing Home				y)	
	ling After une	tion	27. Manner of Death  1 ☑ Natural 5 ☐ P  2 ☐ Accident in	ending vestigation	28a. Date of Injur (Month, Da)	Year)	8b. Time of Injury	28c. Injui Wor M 1	yat k? Yes 2.∐N		Describe ho	w injury occ	urrea		
Division	al or Attanding s after death. Il Director: After id in by the fune	Certification:	3 ☐ Suicide 6 ☐ C	ould not be etermined	28e. Place of Inju- building, etc	ury - At hom c. (Specify)	ie, farm, str	eet, factory, office			Location (Str City or Town		nber or Rura	al Route Number,	
	To the Hospital or A within 24 hours after To tha Funaral Dire completely filled in b	edical (			vsician: To the best of iner: On the basis of and manner sta	examination									
)	To t withi To tl	Ň	29b. Signature and title of co	rtifier	16	-		29c. Licens	se number	9	S-0	Pleuds	m 2	8. 2001	3
	2		30. Name and address of pe	rson who c	ompleted cause of d	eath (Item 2	23a) (Type,	Print) 00 Pa	NKLA	7: #	308.	Coh	umbid NO.	21045	
	Sta Registr		31. Date filed (Month, Day,		32. Registra	ar's Signatu	re	neuli							

DHMH 17 Rev 1/2001

			For State Registrar	State of M	laryland / [	Departme <i>Certifica</i>				giene2 ( Reg. No.	006	31250
			1. Decedent's Name (First, Middle,						2. Date of De	ath	V	3. Time of Death
	Physici /Medie		Patricia	L St	ockus				Month 69	Day 78	Year 2006	16:55 M
}	Examir		4a. Facility Name (If not institution,					ocation of Death		4	ty of Death	
			University of	Maryland	Medical C	enter		timore	e, MD	Ba	/timor	re City
	Funeral		5. Social Security Number	5. Sex 7. A 1  M 2√2 F	ge (In yrs. last bii	thday) If Und		If Under 24 Hrs. Hours Min.	(Month, Da	th ly, Year)	9. Birthp Coun	lace (State or Foreign
	Director		182-14-5416	7 - W - 2 <b>X</b> 2 -	86	Yrs.	النال		Aug. 2	24,1920	Penn	sylvania
1	<b>X</b>		Usuat Residence of Decedent  10a, State 10b, County		10c. City, Tow	n or Location			·		11	Od. Inside City Limits
į	e e	ō	Maryland Howa	rð		lumbia						1 ☐ Yes 2 X No
3	28a-	ect	10e. Street and Number	<u> </u>			ip Code			10g. Citizen of	What Cour	tn/2
4	10.0	٥	12060 Little Pat	uvent Dark	.7237	101.2	210	1/1		U.S		wy:
4	illed within 7.2 frouts after death with the maryland Hygione. Ither then "naturel", or items 23s or 28s-f show ent, the Medical Examination must be notified at	Completed by Funeral Director	11. Marital Status	12. Was Deceden		13 Was Dec			pecify Yes or No		ce - Americ	an Indian
	the man	S	1 ☐ Never Married 2 ☐ Marrie	Armed Forces	?	If Yes, sp	ecify Cuban,	panic Origin? (Sp , Mexican, Puerto	Rican, etc.)	Bt	ack, White,	
336	9,0	by	3 ₩idowed 4 Divorced	If Yes, Give Year or Dates		1 ☐ Yes	2X No	Specify:		Spec	ity: Whit	te
Ŏ,	atura	ed	15. Decedent's	Education	16a	Decedent's Us	ual Occupat	ion		16b. Kind of		
21215-0036		p B	(Specify only highest Elementary/Secondary (0-12)	grade completed)  College (1-4or	5+)	life. DO NOT	rork done du use retired)	iring most of work	ang			
21	gien The gien	Š	12		1	Homemake	∍r			Owi	n Home	<u> </u>
פַ	oth of	Be	17. Father's Name (First, Middle, L.	ast)			1	18. Mother's Nam	•		me)	
<u>Ja</u>	snould be rand Mental H s marked of umatic eve	일	Patrick Reilly					Mary	Anne Sc	chmidt		
Maryland	and I		19a. Informant's Name/Relationshi	p (Type, Print)		_		nd Number or Rui				Code)
	and n 27		James Stockus	(Son)				Circle	Columbi	a, MD	21044	
Baltimore,	of He		20a. Method of Disposition 1 □ Burial 2 □ Cremation	I □ Bomoual from State	cometa	f Disposition (Narry, crematory or	ame of other place)		Date	20c. Location	- City or To	wn, State
Ĕ	ment ment int: I		4 □ Donation 5 □ Other (Spe			Cremato	ory	10-4	-2006	Catons	ville,	MD
alt	permit. Fages I and 2 should be filled within 72 hours after beart with the marylar loopartment of Health and Mental Hygiene.  Importantial if Imm 27 is marked other then "natural", or items 23a or 28a-f show eny injury or other traumatic event, the Medical Exertical mast be notified at once.		21. Signature of Funeral Service Li	censee	4	22 Name	and Address	of Facility Ieral Hon	nes Inc			
<b>m</b>	8258	7	Intale /	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		5555	Twin	Knolls H	Road Co	lumbia	, MD 2	1045
1	hysician /Medical Examiner		23a. Part1. Enter the disease, or c shock, or heart failure. List of Immediate Cause (Final disease or condition resulting in death)	nty one cause on each	nd the death. Do line.					rrest,	1,51	App Land e Int al Between On et and Death
	ansit d	miner	f any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events		s a consequence	of):			-1	CAL EXAMINA?	5	
8760,	physicien and the burial-transit	ilcal Exa	resulting in death) Last	c.  Due to (or a	s a consequence	of):		1	A Mesonen By W	EU-		
P.O. Box 6	To this notified or Attantoning Frigations: The law requires that the death certificate be executed within the Abours after death.  Of the Funeri Director: After this certificate has been signed by the attending physicien and completely filled in by the funeral director, page 2 should be detached for use as the burial-transit	Physician/Medical Examiner	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 □ Yes 2 ☑ No 9 □ Unknown		e of pregnancy 2  Fetal death at time of death	3 □Ectopic 5 □ Other (s		CEMTRICATI	on k	23d. D	ate of delive	ery Day Year
0	ned b	y y	Part II. Other significant condition	s contributing to death	but not resulting i	n the underlying	cause given	n in Part I.	23e. Did to	obacco use co	ntribute to th	e cause of death?
Sp	isign and plants	d b	Atrial Fibri	llation,	hyper:	tensio	Λ.		1 🗆 1	Yes 20 No	3 Prob	ably 4 □Unknown
Division of Vital Records,	s certificate has beer director, page 2 shou	Completed by	em physema	· .	al spi		actu	res	24a. Was autop		. Were autor prior to cor death?	psy findings available inpletion of cause of
<u>e</u>	cate r. pa									2 X No		≥V No
<u> </u>	Sertif Sector	Be	25. Was case referred to medical examiner?	Hospital:			Othor	26. Place of Deat				
o d	a this	은	1 X Yes 2 No 27. Manner of Death	1 X Inpai		ıtpatient 3□ □		4 Lituraling In	ome 5 Resid			′)
ב	After funer	0	1 □Natural 5 □ Pending	28a. ate of In (Month, D		Time of njury	28c. Injury a Work?		28d. Describe			-6. 11.0
S	tor:	Certification:	2 Accident investiga 3 ☐ Suicide 6 ☐ Could no	t ho	7 000 4	known M		es 2 No	Subject			
$\geq$	in by	ŧ	4 Homicide determin	ed 286. Place of II building, e	njury - At home, fa etc. (Specify)	Irm, street, facto	ry, office		City or Tov	street and Nun vn, State) 12	OEO L	He Patuxent
<u> </u>	urs a	ပိ	SO- C-44	The state of the state of	77	t hom				a, MD Z		Piew Apt
	Fune Fune	edical	(Check only 2 Medical E	Physician: To the bes caminer: On the basis	of examination an	e, death occurre d/or investigation	d at the time n, in my opii	e, date and place, nion, death occur	and due to the red at the time,	cause(s) and n date and place	nanner as st , and due to	ated. the cause(s)
	To the mospine or Anamoning rivarient. The within 24 hours after death.  To the Funerel Director: After this certificate he completely filled in by the funeral director, page	Med	one) 29b. Signature and title of certifier	and manner s	tated.		c. License			29d. Date sign		
, ,	\$ 5 g		230. Signature and title of termier							-		•
,	~		A) Ja			MD	44417	6435		09/	185	2006
	20		30. Name and address of person w	ho completed cause of	death (Item 23a)	(Type, Print)	Univers	0	Mayland	medica	1 cent	er
	IJ		Gloria Tsan M.	D LL Doug	h Greens	2 21	Daltir	nore, 1	113 61	101		
	Sta Registi		31. Date filed (Month, Day, Year)	2006	trar's Signature	Brask!	9					

DHMH 17 Rev 1/2001

		1 - For State Registrar	State of Maryla	nd / Dep	artment of rtificate of	Health and	Mental Hyg	iene	2006	3125
Physicia	in ^s	1. Decedent's Name (First, Middle, Last) Julius Vernon Stewa	art				2. Date of Deat Month	Dav	Year G 200	3. Time of Death 6 10:15 P M
/Medic Examin	3	4a. Facility Name (If not institution, give s			4b. City, Town,	or Location of Deat			unty of Death	
Examili	Ç1	1 1	th Care Sus	tem	Peri		/	(	Ceci	
Funeral Director		5. Social Security Number 6. Sex 419-20-5596	7. Age (Inlyrs 83	. last birthday Yrs.	Months Days					nplace (State or Foreign untry) Dama
land		Usual Residence of Decedent  10a. State 10b. County	10c. C	ity, Town or L	ocation				70.00	10d. Inside City Limits
Mary -feh	tor	Maryland Harford		Church	rille					1 ☐ Yes 2X No
th the	Directo	10e. Street and Number			10f. Zip Code		1	0g. Citizer	of What Co	untry?
23a c		5 Bramble Lane			2102	28		USZ	<i>A</i>	
hours after death with the Maryland hours after death with the Maryland tural; or Items 23a or 28a-f show at Example at the motified at	Funerai		2. Was Decedent Ever in I Armed Forces?	J.S. 13.	Was Decedent of If Yes, specify Cu	Hispanic Origin? (S ban, Mexican, Puer	Specify Yes or No- to Rican, etc.)	14.	Race - Amer Black, White	
I', or	by F	1 ☐ Never Married 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	lf Yes 2 □ No If Yes, Give Year or Dates: WW	T .	1 ☐ Yes 2€ No	Specify:		Sp	ecity:	White
"natural", or items 23a or 28a-f ehow	ted	15. Decedent's Educ	ation	16a. Dece	dent's Usual Occi	upation	40.00	16b. Kind	of Business/I	
· · · · · · · · · · · · · · · · · · ·	Completed	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4or 5+)	life.	DO NOT use retir	e during most of wo red)	rking			
	Cou	6		Brick	Mason	T				ntracting
- d a b	Be	17. Father's Name (First, Middle, Last)  Crawford (nmn) St	tewart			Eula Mae	me (First, Middle, I	Maiden Su	mame)	
should nd Men marke umatic	ဥ	19a. Informant's Name/Relationship (Type		19h Mail	ing Address (Stree	et and Number or Ri		City or To	num State 7	in Code)
nd 2 s nd 2 s alth an 27 le n r trau			_		_					
s 1 and if Health item 27 other tr		Julia K. McDowell/ 20a. Method of Disposition	Daugnter 20b.	Place of Disp	osition (Name of or other pl	ne, Churc			tion - City or	
Pages tment of tant: If it		1 ⊈Burial 2 ☐ Cremation 3 ☐ Re 4 ☐ Donation 5 ☐ Other (Specify)	emoval from State Be		morial		-4-06 B	el Ai	ir, Ma	cyland
Definition Pages 1 at Department of Heal Important: If Item eny injury or othe ones.		21. Signature of Funeral Service License  Mault 7	9			uneral Ho	ome, P. A	•		
Physician /Medical		23a. Part1. Enter the Iseas : complic shock, or heart failure. List only on Immediate Cause (Final disease or condition resulting in death)	cations that caused the dealer cause on each line.	of Pr	ter the mode of dy	esbury Rd. ying, such as cardia	c or respiratory arm	est,	nar y rai	Approximate Interval Between Onset and Death UNKNOWN
Examiner	-	Sequentially list conditions, b	Due to (or as a conse							
be executed ician and burial-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Undertying Cause (Disease or injury that initiated events resulting in death) Last	Due to (or as a conse							
e y e	cai	<b>L</b> ₀		querice or,						
attendin for use	Physician/Med	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1	Bc. If yes, outcome of pregr 1 Live birth 2 Fet 4 Pregnant at time of 9 Unknown	al death 3	□Ectopic pregnan □ Other (specify)	су		230	I. Date of deli Month	very Day Year
that the de	Ph	Part II. Other significant conditions con	tributing to death but not re	sulting in the	underlying cause g	oven in Part I.	23e. Did tot	pacco use	contribute to	the cause of death?
w requires to been signed should be	ed by						1 □ Ye	s 2 🗆 1	No 3□Pro	obably 4 Munknown
The law requires the law requires the law requires the law requires the law requires the law requirements.	Completed	<u> </u>					24a. Was a autops	У	prior to d	topsy findings available completion of cause of
r. The							perform 1 \( \text{Yes} \)		death? 1 🗌 Yes	2 🔀 No
Physicien: The Physicien: The Physicien: The rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page rate director, page r	Be c	25. Was case referred to medical examiner?	ospital:	750/0		ther	ath (Check only on	_		
Phys orat di	. To	1 ☐ Yes 2 ₹ No  27. Manner of Death	28a. Date of Injury	ER/Outpatie	of 28c. Inj	ury at	dome 5 ☐ Reside			cify)
ading Ith.: Afte	ation	1 Matural 5 ☐ Pending 2 ☐ Accident investigation	(Month, Day Year)	Injury		ork? □Yes 2□No				
after death. I Director: After t	Certification:	3 Suicide 6 Could not be determined	28e. Place of Injury - At building, etc. (Spec		reet, factory, office	9	281. Location (St City or Town		lumber or Ru	ral Route Number,
Hospita 4 hours Funerel ely fille	edical C	29a. Certifier 1 Certifying Phys (Check only one) 1 Medical Exemin	ician: To the best of my kn er: On the basis of examin and manner stated.	owledge, dea ation and/or i	th occurred at the ovestigation, in my	time, date and place opinion, death occ	e, and due to the caurred at the time, d	ause(s) an ate and pla	nd manner as ace, and due	stated. to the cause(s)
To the Hos within 24 h To the Fur completely	Me	29b. Signature and title of certifier	3		29c. Licer	nse number	2	9d. Date s	igned (Monti	n. Day, Year)
- S - O .		> / / //			75	2739		9/3	0/200	>6
67		30. Name and address of person who con	mpleted cause of death (Ite	m 23a) (Type			// -	11.	1	0 0 2
1		Suresh Shande	127	VAN	lary lan	d Healt	4 Care	Sys	tem	Parry Point
Sta	te	31. Date filed (Month, Day, Year)	32 Aegistrar's Sign	ature	market !			/		

NAME KNOWN TO PHYSICIAM!

State of Maryland / Department of Health and Mental Hygiene 2006 31252 1 - For State Registrar Certificate of Death 2. Date of Death 1. Decedent's Name (First, Middle, Last) **Physician** Martin Junior Shaver 613 A Stember 29 2006 /Medical 4c. County of Death 4a. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death Examiner Upper Chesapeake Medical Center Bel Air Harford If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Day, Year) 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Months 1⊠M 2□ F Yrs. 214-54-6455 58 Director Jan. 31, 1948 | Maryland Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f ehow is marked other than "naturel", or items 23s or 28s-f shov sumstic event, the Madical Examinar must be notified at 1 ☐ Yes 2 No Maryland Harford Havre de Grace Direct 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 40 Robin Hood Rd. Lot 443 21078 USA 12. Was Decedent Ever in U.S. Armed Forces? 14. Race - American Indian, Black, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status 1X Yes 2 □ No If Yes, Give Year or Dates: 1 Never Married 2 Married Maryland 21215-0036 Specify: 3 ☐ Widowed 45 Divorced White 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 10 Truck Driver Commercial 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) 2 should be f and Mental I Martin J. Shaver Dorothy Mae McCullay 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) permit. Pages 1 and 2 Department of Heelth ar Important: If Item 27 is eny injury or other trau 40 Robin Hood Rd. Lot 443, Havre de Grace, MD 21078 of Disposition (Name of Date 20c. Location - City or Town, state Iris Salkaukas/ Ex-Wife 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Garrison Forest Owings Mills, Maryland 22. Name and Address of Facility
McComas Funeral Home, P. A. 21. Signature of Funeral Service Licensee 23a. Part1. Enter the disease, a complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,

Approximate

Approximate

Approximate

Approximate Immediate Cause (Final disease or condition resulting in death) Physician /Medical Due to (or as a consequence of) Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): Due to (or as a consequence of): Box 68760 Physician/Medical 23c. If yes, outcome of pregnancy 1 Live birth 2 Fetal death 23b. Was decedent pregnant in the past 12 months?
1 ☐ Yes 2 ☐ No 23d. Date of delivery 3 Ectopic pregnancy Month Day Year 4☐Pregnant at time of death 5 Other (specify) Records, P.O. 9 Unknown 9 Unknown Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? þ 1 ☐ Yes 2 ☐ No 3 Probably 4 □Unknown 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Yes 2 No 1 Yes 2 No 1 ☐ Yes **Division of Vital** To the Hospitel or Attending Physician: within 24 hours efter death.

To the Funeral Director: After this certific completely filled in by the funeral director, 25. Was case referred to medical examiner?
1 X Yes 2 No 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ■ ER/Outpatient 3 ☐ DOA Cther: 4 Nursing Home 5 Residence 6 Other (Specify) 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Time of Injury 28c. Injury at Work? 28d. Describe how injury occurred Certification: 1 Natural
2 Accident 5 Pending investigation 1 ☐ Yes 2 ☐ No 3 ☐ Suicide 6 Could not be Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 - Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier 29c. License number 29b. Signature and title of certifier Name and address per on who completed cause of death (Item 23a) (Type, Print)

Name and address per on who completed cause of death (Item 23a) (Type, Print)

Name and address per on who completed cause of death (Item 23a) (Type, Print)

Name and address per on who completed cause of death (Item 23a) (Type, Print)

Name and address per on who completed cause of death (Item 23a) (Type, Print)

Name and address per on who completed cause of death (Item 23a) (Type, Print) BERNARD J. YYKWA MID. DINE 31. Date filed (Month, Day, Year)
OCT 0 3 2006 State Registrar

Dhusis	2.5	State of State of Registrar  1. Decedent's Name (First, Middle, Last)			2. Date of Dea	ath 3. Time of Death
Physic /Medi		Susan	Janot Schnei	der	Septemb	
Examir	ner	4a. Fecility Name (If not institution, give street and num		4b. City, Town, or Location of Deat.	h	4c. County of Death
Funeral		Montgomery General Hos  5. Social Security Number 6. Sex	P1tal 7. Age (In yrs. last birthday)	Olney If Under 1 Year If Under 24 Hrs	8. Date of Birt	Montgomery  h 9. Birthplace (State or Foreign
Funeral Director		215-54-8717 1□M 2\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	56 Yrs.	Months Days Hours Min.	May 4,	v. Year) Country)
pu		Usual Residence of Decedent  10a. State 10b. County	10c. City, Town or Lo	cation		10d. Inside City Limits
Aaryla F sho	ō	Maryland Montgomery		Spring		1 ☐ Yes 2 ☒ No
28a-	rect	10e. Street and Number	DIIVEL	10f. Zip Code		10g. Citizen of What Country?
h with	Funeral Director	15301 Barningham Court		20906		United States
eme 2	ner	11. Marital Status 12. Was Dece	dent Ever in U.S. 13. V	Was Decedent of Hispanic Origin? (Sf Yes, specify Cuban, Mexican, Puen	pecify Yes or No- o Rican, etc.)	- 14. Race - American Indian, Black, White, etc.
s afte	by Fu	Amed For  1 Never Married 2 Married 1 Yes, Giv.  3 Widowed 4 Divorced Year or Da	2. 🔯 No	1 ☐ Yes 2 🕅 No Specify:	,	Specify: White
72 hours after death with the Maryland 72 hours after death with the Maryland natural', or Iteme 23a or 28a-f show fiftal Examirat must be notified at		15. Decedent's Education	16a, Deced	dent's Usual Occupation		16b. Kind of Business/Industry
within 72 lene. then "n	Completed	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-	4or 5+) (Give	kind of work done during most of wo DO NOT use retired)	rking	
a filed will Hygien other the	Con	5+	C	lerk		Retail
Mary Jane 2 12 13-0030 at 2 should be filed within 72 hours aft the and Mental Hyghene. 27 Is marked other then "natural", or treumalic event, the Medical Exernitive markeness.	Be	17. Father's Name (First, Middle, Last)	7.50			Maiden Sumame)
should be tnd Mental marked umatic ev	၉	Walter Carl Schneider, S  19a. Informant's Name/Relationship (Type, Print) Br		Edith		ar. City or Town. State. Zin Code)
in c, intally later at 12.10.0000. Is 1 and 2 should be filed within 72 hours after death with the Marylan of Health and Mental Hygiene. Item 27 is marked other then "natural", or Items 23s or 28s-f show other treumatic event, the Medical Exeminar must be notified at		Walter Carl Schneider, J				e, Tennessee 37204
Stand:		20a. Method of Disposition	20b. Place of Dispo		Date	20c. Location - City or Town, State
DESILLINGTE, Descript. Pages 1 a Department of Her mportent: If them any injury or othe		1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from S 4 ☐ Donation 5 ☐ Other (Specify)		Income the section Trans	2006	Bethesda, Maryland
permit. Pages : Department of P Importent: If Ite eny Injury or of		21. Signature of Funeral Service Licensee  (Miguette Cuns 4)	M01305 Roll Roll Roll	Name and Address of Facility Dert A. Pumphrey Fune West Montgomery Ave	ral Home/R	Rockville, Inc. ille, Maryland 20850–2805
Certificate be executed  Certificate be executed  Certificate be executed  Certificate be executed  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certificate and  Certific	dical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events c.	or as a consequence of): or as a consequence of): or as a consequence of):	secondary to Si	accinyl Se	choline minutes
death death	Physician/Medical	in the cast 12 months?	ant at time of death 5 □	Ectopic pregnancy Other (specify)		23d. Date of delivery Month Day Year
ecords, F.O law requires that the as been signed by th 2 should be detache	ě	Part II. Other significant conditions contributing to de Third degree Heart		nderlying cause given in Part I.		obacco use contribute to the cause of death?  Ves 2 No 3 Probably 4 Nonknown
INVISION OF VICE DECORDS, I or Attending Physicien: The law requires taller death.  Director: After this certificete has been signed in by the funeral director, page 2 should be	Completed	Brady cardia			24a. Was autop perior 1 Yes	
ysicien: The is certificate hidirector, page	BeC	25. Was case referred to medical examiner?		26. Place of Dea	ath (Check only o	7 1
Physicien: rthis certificated director,	To I	1 es 2 No Hospital: 1 □ Ir	patient 2 R/Outpatien		lome 5 ☐ Resid	dence 6 Other (Specify)
After I	lon:	I Livatural 5 Li oriding	n, Day Year) Injury	Work?	_	now injury occurred
Attending r death.	cat	3 Suicide 6 Could not be 380 Place	24, 2006 9:41 pr of Injury - At home, farm, str			ardiac procedure
after Direct	Certification:	4 Homicide buildin	ig, etc. <i>(Specify)</i> cal: cath-lab	eet, factory, office	City or Ton	Street and Nymber or Rural Route Nymber, yn, State) Montgomery Gen'l Hosp. nce Philip Dr. Olney, MD
To the Hospital or Attendia within 24 hours after death. To the Funeral Director: A completely filled in by the tu	dicai	29a. Certifier 1 Certifying Physician: To the	best of my knowledge, death	n occurred at the time, date and place restigation, in my opinion, death occu	, and due to the	
To the within To the complex	₩ W	29b. Signature and title of certifier		29c. License number		29d. Date signed (Month, Day, Year)
		Alliebalson MD		D0028429	9	September 25, 2006
ķ		20 Name and address of parson who completed cause	of death (Item 23a) (Type, Mery beneral	Hospital 18101 Pr	ince Phi	September 25, 2006 Vip Drive Olney, Mamla
Sta Regist		P. Nicholson, MD Montgo  31. Date filed (Month, Day, Year)  OCT 0 3 2006  32. Ry	gistrar's Signature	backer		,

	-	For State Registrar	State of	f Marylar		artmen rtificat			and M	ental Hygi Re	ene 2	006	31251
		1. Decedent's Name (First, Middle, La	st)			-				2. Date of Death Month	Day	Year	3. Time of Death
Physicia /Medic		Kumar Sriniv	asan							Septembe		2006	10:16 P ^M
Examine		4a. Facility Name (If not institution, given	e street and nur	nber)		4b. City,	Town, or	Location of	of Death		4c. Cou	nty of Death	
		Shady Grove Adv					ckvi		0.4 Uro		Mon	tgomen	
Funeral			Sex 1∭2 M 2□F	7. Age (In yrs. 55	last birthday) Yrs.	Months	Days	If Under: Hours	Min.	8. Date of Birth (Month, Day, Oct. 4,	Year) 1950	9. Birthi Cour Ind	olace (State or Foreign ntry) I i a
Director	-	Usual Residence of Decedent								0000	1,550		
yland		10a. State 10b. County		10c. Ci	ty, Town or Lo	ocation						1	10d. Inside City Limits
Mar et	tor	Maryland Montgom	ery	Ro	ckvill	e							1 ☐ Yes 2 No
or 28	Director	10e. Street and Number				10f. Zip				10	og. Citizen	of What Cou	ntry?
ath w 23a	ie l	14012 Travilah I					850					ed Sta	
be filed within 72 hours after death with the Maryland stal Hygiene. Id other then "natural", or iteme 23a or 28a-1 show event, the Madical Examinar must be notified at	y Funeral	11. Marital Status  1 Never Married 2 Married	Armed Fo	2 ሺ No ∕e		Was Dece If Yes, spe 1 □ Yes	cify Cuba	spanic Ori n, Mexican Specify:	gin? ( <i>S</i> pe i, Puerto l	cify Yes or No- Rican, etc.)	E	Race - Americ Black, White, acify: AS 1	
2 hours	Completed by	3 Widowed 4 Divorced  15. Decedent's E	Year or Di ducation	ates:	16a. Dece	dent's Usu	al Occupa	ation			16b. Kind o	f Business/In	ndustry
hin 73	ple	(Specify only highest gr Elementary/Secondary (0-12)	ade com <i>pleted)</i> College (1	-4or 5+)	(Give	DO NOT	ork done d se retired	<i>luri</i> n <i>g</i> mosi )	t of worki	ng			
filed wit Hygiene other the	Son		5+			Sc	ienti					Gover	nment
2 should be filed within and Mental Hygiene. Is marked other then aumatic event, the M	Be (	17. Father's Name (First, Middle, Last								(First, Middle, N		name)	
should be t ind Mental b in marked of umatic eve	ို	C. S. Srinivasar			[		- 1			n Mylam		- C T	- 0- (1)
12 ST h and 7 Is m traum	1	19a. Informant's Name/Relationship Vasantha Kumar/V				_				i Route Number, Rockvill			
Healther ther	1	20a. Method of Disposition	ATTE	20b. I	Place of Disponentery, cre			-				on - City or To	
nt of int		1 ☐ Burial 2 ⚠ Cremation 3 [ 4 ☐ Donation 5 ☐ Other (Special		State	cemetery, cre Egomery			, .	eptem 20	ber 30,	Rotho	oda M	[aryland
permit. Pages 1 and 2 should by Depurtment of Health and Menta Important: If tem 27 is marked any njury or other traumatic events.		21. Signature of Funeral Service Lice	nsele										
Dep Imp		7.1.00	unging							eral Home ue, Rockv		Marylan	d 20850
Physician /Medical		23a. Part1. Enter the disease, or conshock, or heart failure. List only Immediate Cause (Final disease or condition resulting in death)	a1-()	aused the dea ach line. (or as, a consec	11/19	O Cl	de of dyin	g, such as	cardiac c	n respiratory arre	chz	7	Approximate Interval Between Onset and Death
Examiner	ner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	b. Due to	a lt	Quence of):								y zars
The Taw requires that the death certificate be executed attending by sicien and bage 2 should be detached for use as the burial-transit	al Examiner	Cause (Diseese or injury that initiated events resulting in death) Last	c. Due to	o as a consec	quence of):	IM			<del></del>				yeurs
phys phys s the	edical	100000000000000000000000000000000000000	_ d										
the attending p	Physician/Me	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 □ Yes 2 □ No 9 □ Unknown	1☐Live b	tcome of pregn wirth 2 Feta lant at time of to own	al death 3	⊒Ectopic p ⊒ Other (s _i						Date of deliv Month	ery Day Year
signed by the d be detached	by Ph	Part II. Other significant conditions	contributing to de	eath but not res	sulting in the u	ınderlying	cause give	en in Part I		23e. Did tob	acco use c	ontribute to t	the cause of death?
been sig should b	ed t		_							1 □ Ye	s 2 🗆 No	o 3 ☐ Prol	bably 4 Hunknown
ate has be	Completed									24a. Was ar autops perform 1 Yes 2	v	b. Were auto prior to co death? 1  Yes	opsy findings available ompletion of cause of
ctor.	Bec	25. Was case referred to medical examiner?						26. Place	of Death	(Check only on	9)		
rnysician: this certific ral director.	은	1 ☐ Yes 2 🔀 No			ER/Outpatie			4 🗆 190		me 5 Reside			fy)
ath. r: After ti		27. Manner of Death  1 ★Natural 5 ☐ Pending 2 ☐ Accident investigation	on	of Injury th, Day Year)	28b. Time o Injury	of M	28c. Injun Worl	/at k? Yes 2□		28d. Describe ho	w injury oc	curred	
within 24 hours after death.  To the Funerel Director: After this certificate has completely filled in by the funeral director, page 2	Certification:	3 ☐ Suicide 6 ☐ Could not 4 ☐ Homicide determined	200. Place	of Injury - At h ing, etc. (Speci	nome, farm, st	reet, factor	ry, office			28f. Location (Sti City or Town		umber or Run	al Route Number,
24 hour	Medical	29a. Certifier (Check only one) 1 ★ Certifying P 2 ★ Medical Exa	miner: On the b	best of my kn asis of examinated.	owledge, dea ation and/or in	th occurred nvestigation	at the tin	ne, date ar pinion, dea	nd place, ath occurr	and due to the ca ed at the time, da	use(s) and ate and plac	l manner as s ce, and due t	stated. to the cause(s)
To the Hospital or Attending within 24 hours after death.  To the Funerel Director: Ale completely filled in by the funerel	ž	29b. Signature and title of certifier	111			29	c. License	e number	(	25	9d. Date sig	ned (Month,	Day, Year)
/		Medu	Mul	1 M	0		DOC	101	107	9	91	26/	06
15		30. Name and address of person who	completed caus	-			Cente	r Dr	ive,	Rockvil	le, M	arylan	ad 20850
Sta Registr		31. Date filed (Month, Day, Year)	32.4	legistrar's Sign	ature	Acc. N	,						

DHMH 17 Rev 1/2001

ORIGINAL

		1 - For State Registrar	State of Mar		artment of H		l Mental Hygi	ene 2006	31255
Physic		1. Decedent's Name (First, Middle, Last) Patricia A	. Smith				2. Date of Death Month Septembe		3. Time of Death 9:30 A M
/Medi Examir		4a. Facility Name (If not institution, give s 127 Timberbrook Lat			4b. City, Town, or Gad	Location of De	ath	4c. County of Death Montgon	
Funeral Director		290-40-2401	14 of 50 E	In yrs. last birthday) 56 Yrs.	If Under 1 Year Months Days	If Under 24 H Hours M		Year) 9. Birth Cou 1950 Rhod	place (State or Foreign ntry) e Island
Maryland a-f ehow	tor	Usual Residence of Decedent  10a. State  10b. County  Maryland  Montgo		Oc. City, Town or Lo		thersbu	rg		10d. Inside City Limits
with the	Director	10e. Street and Number	#202		10f. Zip Code 2087	7Ω	10	g. Citizen of What Cou United Sta	,
permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Deperment of Health and Mental Hygiene. Deperment of Health and Mental Hygiene. Important: if Item 27 is marked other then "natural", or Items 23a or 28s-f show appring yor other traumatic event, the Medical Examinar must be notified at ance.	by Funeral	127 Timberbrook Lat 11. Marital Status 1 Never Married 212 Married 3 Widowed 4 Divorced	1E 1/3UZ  2. Was Decedent Eve Armed Forces?  1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates:	1			(Specify Yes or No- erto Rican, etc.)	14. Race - Ameri Black, White, Specify: Wh:	can Indian, etc.
vithin 72 houne.	Completed	15. Decedent's Educ (Specify only highest grade Elementary/Secondary (0-12)	Completed) College (1-4or 5+)	(Give	dent's Usual Occupi kind of work done of DO NOT use retired	during most of v ()	vorking 1	6b. Kind of Business/Ir	
d be filed wental Hygie ked other to	To Be Co	17. Father's Name (First, Middle, Last)  David Smit			Engineer		lame (First, Middle, M		:e
T and 2 shoul Health and Mc	F	19a. Informant's Name/Relationship (Type Philip T. Foster/I	e, Print) Husband		Cordell A	venue,	Rural Route Number, #1519, Bet	City or Town, State, Zij	yland 20814
permit. Pages Depertment of Important: If if any injury or c		1 ⊠ Burial 2 □ Cremation 3 □ Re 4 □ Donation 5 □ Other (Specify)  21. Signature If Funeral Service License	movariioni State	All Souls	Cemetery	7 2	, 2006 G	ermantown, umphrey Fun ntgomery Av	Maryland eral Home/ enue,
Physician /Medical Examiner and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and price and pric	Examiner	23a. Part 1. Enter the disease, or complic shock, or heart failure. List only on Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	ations that caused the cause on each line.	e death. Do not ent  1 astoma M consequence of):  consequence of).	er the mode of dyin	g, such as card	and 20850-2		Approximate interval Between Onset and Death 13 months
the death certificate by the attending phy, tached for use as the	hysician/Medical	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 □ Yes 2 ☒ No 9 □ Unknown	c. If yes, outcome of 1 □ Live birth 2 [ 4 □ Pregnant at tin 9 □ Unknown	Fetal death 3	Ectopic pregnancy			23d. Date of deliv Month	ery Day Year
v requires that been signed should be del	ed by P	Part II. Other significant conditions cont	ributing to death but r	not resulting in the u	nderlying cause give	en in Part I.	23e. Did toba	accouse contribute to t s 2⊠No 3⊟Prol	he cause of death? oably 4 ∐Unknown
i: The law ricate has be	Completed						24a. Was an autopsy perform	ed? prior to co	opsy findings available impletion of cause of
nysicier nis certif directo	To Be	25. Was case referred to medical examiner? 1 ☐ Yes 2 ☒ No	ospital:	2 🗆 ER/Outpatier	it 3□ DOA Othe	00	eath Check only one Home 5% Resider	nce 6 □Other (Specia	(y)
To the Hospital or Attending Physicien: The I within 24 hours after death.  To the Funeral Director: After this certificate ha completely filled in by the funeral director, page.	ertification:	27. Manner of Death  1 ☒ Natural 5 ☐ Pending 2 ☐ Accident investigation 3 ☐ Suicide 6 ☐ Could not be	28a. Date of Injury (Month, Day Y		M 1 🗆	yat ⟨? Yes 2 □ No	28d. Describe how		
pital or At burs after of erai Direct	O	4 Homicide determined	building, etc. (				City or Town,		
he Hos in 24 ho he Fun pletely i	edical		ar: On the basis of example and manner states	camination and/or in	vestigation, in my of	pinion, death oc	curred at the time, da	use(s) and manner as s te and place, and due t	tated. the cause(s)
With To t	2	29b. Signature and title of certifier  Poseph M.	Hagger	ty mo	29c. License			d. Date signed (Month, ptember 28,	
8		30. Name and address of person who cor  Joseph M. Haggerty:	M.D. 10	605 Conco	*	#300,	Kensington	n, Maryland	20895
Sta Regist		31. Date filed (Month, Day, Year)	3 Registrar's	o oignature	as a second				

State of Maryland / Department of Health and Mental Hygiene 2 1 - For State Registrar 31256 Certificate of Death 2. Date of Death 1. Decedent's Name (First, Middle, Last) **Physician** HOMA 35 FM Ochober /Medical Facility Name (If not institution, give street and number) Examiner 4b City, Town, or Location of Death IM MCDICA Ba 0 Merc If Under 24 Hrs. 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday, If Under 1 8. Date of Birth (Month, Day, Birthplace (State or Foreign Country) **Funeral** Months Days Hours Min. -9296 1 ☐ M 25€F 94 Director Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits or 28e-f show rthan "natural", or items 23a or 28e-f shovithe Medical Exemples regard be notified at 1 Yes 2 □ No ma Funeral Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? Was Decement Ever in U.S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indian, 11. Marital Status Black, White, etc filed within 72 hours after 1 Never Married 2 Married 2 17 No Baltimore, Maryland 21215-0036 1 ☐ Yes 2 2 No Specify: Specify Completed by 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind-ef Business/Industry and Mental Hygiene. ea Elementary/Secondary (0-12) ort Order College (1-4or 5+) or other trsumatic svant, 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Pages 1 and 2 should be laL Marvin 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) April 200 Depertment of Health ar important: if item 27 is any injury or other traconce. husbard 80 8 W.L John 20b. Place of Disposition (Name of cemetery, crematory or other place, 20a. Method of Disposition 20c. Location - City or Town, State Burial 2 ☐ Cremation 3 ☐ Removal from State 10-4 □ Dogation 5 □ Other (Specify) Cem 02 21. Signature of Funeral Service Licen 22. Name and Address of Facility 1 23a. Part 1. Epter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or hear failure. List only one cause on each line.

Immediate Cause (Final disease or condition resulting in death)

a METHICULUS (ESISVAE) Suphasis Free Condition resulting in death) lo ma Approximate Interval Between Onset and Death Physician /Medical Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): Examiner sete has been signed by the attending physicien and page 2 should be detached for use as the burial-transit The law requires that the death certificate be executed Due to (or as a consequence of): Physician/Medical IF FEMALE: 23c. If yes, outcome of pregnancy
1 Live birth 2 Fetal death 23b. Was decedent pregnant 23d. Date of delivery 3 Ectopic pregnancy in the past 12 months? 1 ☐ Yes 2 ☐ No 9 ☐ Unknown Month Day Year 4☐Pregnant at time of death 5 Other (specify) P.O. 9 Unknown Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? Records. 2 3 Probably 4 ☑Unknown 1□Yes 2□No Completed 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? certificete has 2□ No 1 ☐ Yes of Vital 1 Yes 2 No To the Hospital or Attending Physician: within 24 hours efter death.

To the Funarai Director: After this certifical completely filled in by the funeral director. 25. Was case referred to medical examiner? 26. Place of Death | Check only one Hospital Other: Certification: To 1 Tes 2 No 2 ER/Outpatient 3 DOA 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 1 Vinpatient 28c. Injury at Work? 27. Manner of Death 28b. Time of 28d. Describe how injury occurred Division 5 Pending investigation 1 Natural Injury 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 T Homicide Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) Medical 29a. Certifier and manner stated 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 6 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Place, MD 30 31. Date filed (Month, Day, Year) 32 Relaistrar's Sign State OCT 0 3 2006 Registrar

			For State Registrar		State o	f Maryla		artment of rtificate of				giene Reg. No. 1	2006	3125	7
	D1		1. Decedent's Name		·						2. Date of Dea	ath Day	Year	3. Time of Death	
	Physicia Medic		Joseph Edv		-						09/29/2	2006		11:15 A M	
	Examin	er	4a. Facility Name (If I		street and nu	mber)		4b. City, Town, Relay	or Location	of Death			ounty of Death 1timore		
	Funeral		5. Social Security Nu		өх	7. Age (In yr	s. last birthday)	If Under 1 Yea			8. Date of Birt	h	9. Birth	place (State or Foreig	n
	Director		212-48-90	70 1	<b>Z</b> M 2□F	59	Yrs.	Months Day:	s Hours	Min.	(Month, Da 10/11/		Cou	MD	
	and	}	Usual Residence of D 10a. State	Decedent 10b. County		10c. (	City, Town or Lo	cation		-				10d. Inside City Limits	3
	Mary I ehe	tor	MD I	Baltimore	9	Re	lay							1 ☐ Yes 2X No	٠
	th the	Oirec	10e. Street and Numl	per		1		10f. Zip Code				10g. Citize	on of What Cou	ntry?	
	ath w	rai	5009 Tuli	o Ave			11.0	21227	Ut	1-1-0-40	-4. V Al-	144	USA	een Indian	
	Item Item	Funeral Director	11. Marital Status 1 ☐ Never Marrie	d 2 The Married	Armed F		U.S. 13.	Was Decedent of Il Yes, specify Cu	Hispanic Or ban, Mexicai	n, Puerto f	City Yes of No Rican, etc.)	- 14	I. Race - Ameri Black, White,		
936	ours af	Ď	3 Widowed 4		1 ∐Yes If Yes, Gi Year or €	ve X Dates:		1□Yes 2□N	o Specify:			S	ipecity: Wh	ite	
21215-0036	filed within 72 hours after death with the Maryland Hygiene. other then "natural", or Iteme 23a or 28a-f ehow ent, the Mydical Examine must be motified at	Completed		5. Decedent's Ed only highest gra			(Give	dent's Usual Occi	e during mos	st of working	ng		d of Business/Ir	idustry	
72	within ene. then	duc	Elementary/Second	dary (0-12)	College (	1-4or 5+)		<i>DO NOT use retir</i> Foreman	·ea)			Mary State	land e Polic	e	
2 2	i Hygi other	Be Co	17. Father's Name (F	irst, Middle, Last)			i i i i i i		18. Moth	er's Name	(First, Middle,				
/Jan	Venta	To B	John Teipe	<b>)</b>					Heler	n Dro	11				
Maryland	2 sho	. 15	19a. Informant's Nan		Type, Print) Wife			ng Address <i>(Stree</i> Tulip Av					Town, State, Zi	o Code)	17
e, P	1 and Health em 27 ther t		Dorothy To		MTTE	20b		sition (Name of matory or other pi			ate		ation - City or T	own, State	-
mor	Pages nent of I int: if its iry or o		1 Surial 2	Cremation 3 [		State	_	natory or other pi slaus Ce	1	10/04	/2006	'unda'	1k MD		
Baltimore,	permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylan Department of Health and Mental Hygiene. Important: If item 27 is marked other then "natural", or iteme 23a or 28a-f ehow any injury or other traumatic event, the Madical Examinar count be notified at anone.	1	21. Signature of Fun				22	2. Name and Add	ress of Facili	ity				NC	
_	89 E € 9		1 (M	aluti	r in	an	2 72	ry L. Ka 50 Washi	ngton	Blvd	. Elkı	cidae	, MD 21	075	
	Physician /Medical Examiner		23a. Part1. Enter in shock, or head Immediate Cause (F disease or condition resulting in death)		a Self	oach line.	ed Gu	nshot u	1		head	rrest,		Approximate Interval Between Onset and Death	ട
		Jer	Sequentially list conditions, leading to immeause. Enter Under	ditions, nediate	b. — Due to	(or as a cons	equence of):								-
$\searrow$	icate be executed physician and s the burial-transit	Examiner	Cause (Disease or in that initiated events resulting in death) La	ilini	c										
8760,	be exe ician a burial-	al Ex	resonang an death) La		Due to	(or as a cons	equence of):								ļ
687	nificate ng phys as the	edic		•	d										
.O. Box	death cei e attendir d for use	Physician/Medical	IF FEMALE: 23b. Was decedent in the past 12 m 1 □ Yes 2 □ 9 □ Unknown	nonths?		birth 2 ☐ Fo nant at time o	etal death 3	Ectopic pregnan Other (specify)	ncy			23	d. Date of deliv	ery Day Year	
<b>a</b>	w requires that the sbeen signed by the should be detache	Ď	Part II. Other signific	ant conditions of	ontributing to o	leath but not r	esulting in the u	nderlying cause o	given in Part	l. 		obacco use Yes 2 🗆		the cause of death?	n
Division of Vital Records,	The ia ate has page 2	Completed		an							24a. Was autor perfo 1 Yes		prior to co death?	opsy findings available ompletion of cause of	е
Zit.	Physicien: Th this certificate ral director, pag	Be	25. Was case referre examiner? 1 X Yes 2 □ N		Hospital:	Inpatient 2			thor		(Check only o			4.1	
o	g Phys er this eral di	<u>ان</u>	27. Manner of Death		-	of Injury	28b. Time o	II 3 DOA	4 🗆 141		28d. Describe		Other (Speci occurred	· · · · · · · · · · · · · · · · · · ·	-
ion	Attending Ir death.  ctor: After by the funer	atio	1 □Natural 2 □ Accident	5 Pending investigation	Sede	yest Broch		M 1	□Yes 2 <b>X</b>	No C	selfin	flict.	ed Guns	not wound	
ž.	or Attend after death Director:	Certification;	3 X Suicide 4 ☐ Homicide	6 Could not b determined	build	ling, etc. (Spe	t home, farm, st scify)	reet, factory, offic	е	2	City or To	Street and yn, Statel	Avenue	al Route Number,	
	Hoepital 24 hours a Funeral C		29a. Certifier	1 ☐ Certifying Ph		me e best of my k	nowledge, deat	h occurred at the	time, date ar	nd place, a	Kerc	1 4 2	70 21	-2/	117
	To the Hoepital within 24 hours a To the Funeral Completely filled	edicai	(Check only one)	Medical Exar	niner: On the I	nasis of exam	ination and/or in	vestigation, in my	opinion, dea	ath occurre	ed at the time,	date and p	place, and due	to the cause(s)	
	To the within 2 To the complet	Σ	29b. Signature and t	att to W	) Des	hute.			SGG	7		- 1	signed (Month,	2006	
	H		30. Name and addre	ss of person who	completed call	se of death (I	tem 23a) (Type,							93	
	Sta	ite	31. Date filed <i>Monti</i>	Day, Year)	32.	Registrar's Sig	nature	Drawn -			- /	1.00	U EIC		
	Regist	ar		OCT 0 3 2	2006	Kather	B. A.	534 P	,						

2006

1. Decedent's Name (First, Middle, Last)

Donald

**Physician** 

/Medical

	State	of Marylar		-		Health and Death		Mental Hyg	iene _{eg. No.} 2 (	106	31258
ne (First, Middle, La	uhlk	10 H M			410 01	Doam		2. Date of Dear	th Day	Year	3. Time of Death
If not institution, gi						4h City To	wn orl	ocation of Death	30 2 4c. Count	.006	(, 15 HII)
Health	_										
lumber 6.	Sex	7. Age (In yrs.	lest birthd	ev) If Ur	nder 1 Year	Balt If Under				timor 9. Birtho	CE lace (State or Foreign
8854 f Decedent	1∯M 2□F	86	Yrs	Mont	hs Days	Hours	Min.	8. Date of Birth (Month, Day) 09/18		Cour	yland
10b. County		10c. Ci	ty, Town or	r Location						1	0d. Inside City Limits
Baltin	more		Cato	nsvil	lle						1 ☐ Yes 2 No
mber				10f.	Zip Code			1	0g. Citizen of	What Cour	itry?
h Moreri	ck Aven	ue			212	228			United	Stat	es
	12. Was Dec	edent Ever in U	,S. 1	3. Was De	ecedent of	Hispanic Ori	gin? (Sp	pecify Yes or No-		ce - Americ	
ied 2 Married	X□ Yes If Yes, Gi	2 🗆 No			s 🗱 No		,,		Specif	r 77. *	
4 Divorced	Year or E										
15. Decedent's E cify only highest gr			l (G	cedent's l ive kind of e. DO NO	work done	durina mos	t of work	cing	16b. Kind of B	usiness/Ind	dustry
ondary (0-12)	College ( N/A	1-4or 5+)	_	irema		30)		1	Dublic	Corr	
(First, Middle, Lest				TTEIR	111	18. Mothe	r's Nam	e (First, Middle, M	Public Maiden Surnar		rce
Uhlhorn								t Arnolo		,	
ame/Relationship	(Type, Print)	·	19b. Ma	ailing Addr	ess (Stree			rel Route Number		. State. Zip	Code)
. Karpers	s (Niece	( د								-	ryland 212
position	(2,1200)	20b. F	Place of Dis	sposition (	Neme of		TVCI)	Date	20c. Location	- City or To	rytana 212. wn, State
☐ Cremetion 3 ☐ 5 ☐ Other (Special		State	emetery, c	•	•	meter	. 1	0/04/200	6 D-14		14- 1 2
neral Service Lice		1)	-w Cat			ess of Facilit					, Maryland
	cx:		1				пu	bbard Fu	meral :	Home,	inc. and 21229
he disease, or com	inlications that	caused the deat	h Do not							mar yr.	Approximate
rt failure. List only	one cause on	each line.	n. Do not	ontor the n	node or dy		0			1	Interval Between Onset and Death
(Final	e	hro	nic	- K	2en	al.	fa	ulura		1 1	
		Due to (c	or as e con:	sequence	of):					Ī	
	b	Type	zer	un,	no	2				i	
nditions, nmediate		Oxe to (o	res a cons	sequence	of):						
rlying injury	c	Jen	rei	N a	a					i	
Last		Due to (o	r as a cons	sequence o	of):					į	
	d									1	
inant conditions	and all the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state		- tat !- at-					not Bide			
icant conditions o	ontributing to di	eath but not resi	uiting in the	e underly in	g cause gr	ven in Part I.			$\sim$		the cause of death?
				*********				1 □ Ye	98 220 No	3 Prob	ably 4 □ Unknown
								24a. Was ar		ave	re autopsy findings ilable prior to noletion of cause
								1 □ Ye	s 20 No	of c	leeth? IYes 2□ No
red to medical						26. Place	of Deatl	h (Check only one	9)		
No	Hospital: 1 □ I	Inpatient 2 🗆	ER/Outpat	ient 3	DOA Oti	her: 4 Nu	rsing Ho	me 5 Reside	nce 6 □Oth	er (Specify	)
5 ☐ Pending investigation		of Injury th, Dey Year)	28b. Time Injury		28c. Inju Wo 1 🗆	ryet rk? Yes 2 □ t		28d. Describe ho	w injury occur	red	
6 Could not b determined	28e. Place	of Injury - At hong, etc. (Specif)	ome, farm,	street, fact	tory, office			28f. Location (Str City or Town		er or Rural	Route Number,
t☐ Sertifying Ph 2☐ Medical Exam	niner: On the be	best of my know esis of exeminet ner stated.	wledge, de ion end/or	eth occurr investigati	ed at the tilion, in my o	me, date end opinion, deat	d place, a	and due to the ca ed et the time, da	use(s) and ma ite and place,	inner as sta and due to	ated. the cause(s)
title of certifier					29c. Licens	se number	2	91 29	d. Date signe		
www.								_	10	1 - 7.	2006
ass of person who	completed caus	e of deeth (Item	23e) (Typ	e, Print)	av	en	1	5/vd,	15a	Ato,	MO 212-39
h Day Vocal	20 1	Elistrado Cinna		-							

To the Hospital or Attending Physicien: The law requires that the death Division of Vital Records, P.O. director this After death Director

within 24 hours Medicai

State

Registrar

à

hours efter

Be

မှ

Certification:

31. Dete filed (Month, Day, Yeer)

29b. Signature end title of certifier

25. Was case referred to medical examiner?

1 ☐ Yes

27. Menner of Death

1 Naturel

3 ☐ Suicide

29a. Certifier

4 T Homicide

(Check only one)

3/2 No

who completed cause of deeth (Item 23e) (Type, Print) 601 och 32. Registrar's Signature

DHMH 16 Rev 6/95

				partment of Health and Mer ertificate of Death	ntal Hygiene Reg. No. 2006 31259
ı	Physici		1. Decedent's Name <i>(First, Middle, Last)</i> Beatrice Prodromos Velis		Date of Death Month Day Per 27, 2006  3. Time of Death 5:55 P M
	/Medic Examin		4a. Facility Name (If not institution, give street and number)	4b. City, Town, or Location of Death	4c. County of Death
			Collingswood Nursing Home	Rockville_	Montgomery
	Funeral Director		5. Social Security Number 6. Sex 7. Age (In yrs. last birthdi 150-07-9902 1 □ M 2⊠F 86 Yrs	Months Days Hours Min.	Date of Birth (Month, Day, Year)  9. Birthplace (State or Foreign Country)
			Usual Residence of Decedent		ctober 1, 1919   Connecticut
	nylan show	<b>.</b>	10a. State 10b. County 10c. City, Town or	Location	10d. Inside City Limits
	he Ma 186-1	Directo		llver Spring	1 ☐ Yes 2 ☑ No
	with t		10e. Street and Number 2201 Colston Road	10f. Zip Code 20910	10g. Citizen of What Country?  United States
	filed within 72 hours efter death with the Maryland Hygiene. ther than "naturet", or items 23a or 28e-f show ant, the Medicul Exartiner must be notilied at	Funeral		Was Decedent of Hispanic Origin? (Specify If Yes, specify Cuban, Mexican, Puerto Rica	
9	or ite	y Fu	1 Never Married 2 Married 1 Yes 2 No	If Yes, specify Cuban, Mexican, Puerto Rica  1 ☐ Yes 2 ☒ No Specify:	
Ş	hours turet',	ed by	3 23 Widowed 4 Divorced Year or Dates:	•	Specify: White
7.	n "na	piet	(Specify only highest grade completed) (G	cedent's Usual Occupation ve kind of work done during most of working  DO NOT use retired)	16b. Kind of Business/Industry
212	ad with	Completed	100	omemaker	Own Home
ltimore, Maryland 21215-0036	be file Ital Hy Id oth	Be	17. Father's Name (First, Middle, Last)		irst, Middle, Maiden Surname)
2	should the modern that went a markacumatic a	2	Prodromos Prodromos  19a. Informant's Name/Relationship (Type, Print)  19b. Mi	SYIV1a / SylV1a / SylV1a / SylV1a /	/ Unknown
S	nd 2 salth an 27 is.				yy Chase, Maryland 20815
ore,	of Hee		20a. Method of Disposition 20b. Place of Disposition	position (Name of rematory or other place)  Date Octobe	20c. Location - City or Town, State
Ĕ	Pages ment of I ent: if ite			f Heaven 3. 200	of Silver Spring, Maryland
Balt	permit. Pages 1 and 2 should be filed within 72 hours efter death with the Marylan Department of Heelth and Mental Hygiene. Importent: if item 27 is marked other than "naturet", or items 23s or 28e-1 show any injury or other treumatic event, the Medicul Examinar must be notified at one.		21. Signature of Funeral Service Licentisee	22. Name and Address of Facility LODEY	Tt A. Pumphrey Funeral Home/ Inc. 7557 Wisconsin Avenue 0814
	11		23a. Part1. Enter the disease, or complications that caused the death. Do not shock, or heart failure. List only one cause on each line.		
	Physician /Medical		Immediate Cause (Final disease or condition resulting in death)  Dementia		Oliset and Death
Н	Examiner		Due to (or as a consequence of):		
		ner	Sequentially list conditions, 1 say leading to immediate cause. Enter Underlying Cause (Disease or injury)		
	and A	Examiner	that initiated events		
8760,	death certificate be executed estending physician and aid for use as the burial-transit	dicai Ex	Due to (or as a consequence of):		
687	ifficate g phys as the		d		
Вох	eath certific attending p for use as	an/M	IF FEMALE: 23b. Was decedent pregnant in the past 12 months?  23c. If yes, outcome of pregnancy 1 ☐ Live birth 2 ☐ Fetal death	B DEctopic pregnancy	23d. Date of delivery
0	at the dea by the at tached fo	Physician/Me	1 ☐ Yes 2 ☒ No 9 ☐ Unknown 4 ☐ Pregnant at time of death 9 ☐ Unknown	Other (specify)	Month Day Year
2	igned by		Part II. Other significant conditions contributing to death but not resulting in the	underlying cause given in Part I.	23e. Did tobacco use contribute to the cause of death?
rds	w requires been sign should be	ed by			1 ☐ Yes 2 ☑ No 3 ☐ Probably 4 ☐ Unknown
Vital Records,	The law requires that the lee has been signed by the sage 2 should be detached.	Completed			24a. Was an autopsy findings available prior to completion of cause of
E E					performed? death? 1 ☐ Yes 2 ☑ No 1 ☐ Yes 2 ☐ No
	Physician: The this certificate ral director, pag	o Be	25. Was case referred to medical examiner?  1 ☐ Yes 2 XNo  Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpat	26. Place of Death (Chent 3 DOA Other: 4 ⊠ Nursing Home	
o	g Phys ter this neral di	n; To	27. Manner of Death 28a. Date of Injury 28b. Time	of 28c. Injury at 28d.	5 Residence 6 Other (Specify)  Describe how injury occurred
Ö	ttending death. ctor: Afte y the fun	atio	2 Accident investigation	M 1 Yes 2 No	
Division of	Hospitel or Attending 44 hours efter death. Funerel Director: After rely filled in by the funer	Certification:	3 ☐ Suicide 6 ☐ Could not be determined 28e. Place of Injury - At home, farm, building, etc. (Specify)		Location (Street and Number or Rural Route Number, City or Town, State)
_	spitei ours e lerei L		29a. Certifier 1 Certifying Physician: To the best of my knowledge, de	ath occurred at the time, date and place, and	due to the course(s) and magnes as stated
	ne Hospitei n 24 hours ne Funerei bletely filled	edical	(Check only one)  2 Medical Examiner: On the basis of examination and/or and manner stated.	investigation, in my opinion, death occurred a	t the time, date and place, and due to the cause(s)
	To the within 2 To the complet	M	29b. Signature and title of certifier	29c. License number	29d. Date signed (Month, Day, Year)
	1		That H.D	D30132	September 29, 2006
	12		30. Name and address of person who completed cause of death (Item 23a) (Typ Rica Ghosh M.D. 14812 Physicians La	e, Print) une, #161, Rockville,	Maryland 20850
	Sta		31. Date Med (Month, Day, Year) 32. Registrar's Signature		
	Registra	ar .	OCT 0 3 2006	greater -	

State of Maryland / Department of Health and Mental Hygiene 2006 31260 1 - For State Registrar Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Month Dav **Physician** MICHAEL WILLIAMS 6:00 PM 2006 /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death Examiner 4c. County of Death BON SECOURS HOSPITAL 884, mone, MO 21233 If Under 1 Year | If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 213704756 1**⊠**M 2□F Director Md. Usual Residence of Decedent 10b County 10a. State 10c. City, Town or Location 10d. Inside City Limits or 28a-f show other traumatic event, the Madical Examiner must be notified at Director Md. 1 Yes 2 □ No NA Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1505 Windemere Avenue or Items 23a 21218 Funeral USA 12. Was Decedent Ever in U.S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, e filed within 72 hours after all Hygiene.
other then "natural", or Itel Black, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 No If Yes, Give Year or Dates: Baltimore, Maryland 21215-0036 1 ☐ Yes 2√2 No þ 3 ☐ Widowed 4 ☐ Divorced Specify. Black 15. Decedent's Education 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) Disabled 12th grade NA permit. Pages 1 and 2 should be file. Department of Health and Mental Hyg Important: If item 27 is marked other eny injury or other traumering once. 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Stonewall . Williams Mildred Johnson 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mildred William 1505 Windemere Ave., Baltimore, Md. Mother 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State N Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Mt. Zion Cem. 9-30-06 Lansdowne, Md. 21. Synature of Funeral Service Licensee 22. Name and Address of Facility March F.H. East 1101 E. North Ave., Baltimore, Md. 21202 23a. Part . Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, so ik, or heart failure. List only one cause on each line. Approximate Interval Between Immediate Cause (Final dis ase or condition resulting in death) Onset and Death SEPTIC Physician SHOCK /Medical Due to (or as a consequence of): Examiner PNEUMONIA Sequentially list conditions, if any, bearing to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of) Examiner attending physician and for use as the burial-transit Hospital or Attending Physician: The law requires that the death certificate be executed AIDS Due to (or as a consequence of) Division of Vital Records, P.O. Box 68760, Be Completed by Physician/Medical IF FEMALE: 23c. If yes, outcome of pregnancy
1 Live birth 2 Fetal death 23b. Was decedent pregnant in the past 12 months?
1 ☐ Yes 2 ☐ No 23d. Date of delivery 3 Ectopic pregnancy Month Day 4 Pregnant at time of death 5 Other (specify) 9 Unknown 9 Unknown Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? BIBLIAN DISORDER/ DEMENTIA 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ※ Unknown HEPATITIS 24b. Were autopsy findings available prior to completion of cause of death?

1 □ Yes 2 □ No 24a Wasan autopsy performed? 1 Yes 2 No 25. Was case referred to medical examiner? 26. Place of Death Check only one Hospital: 1 Inpatient 2 ☐ EP/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) Medical Certification: To 1 ☐ Yes 25 No After thi 28a. Date of Injury (Month, Day Year) 28b. Time of 27. Manner of Death 28c. Injury at Work? 28d. Describe how injury occurred 1 Natural 5 Pending investigation within 24 hours after death.

To the Funeral Director: After the funeral on by the funeral or an article of the funeral or an article of the funeral or an article of the funeral or an article of the funeral or article of the funeral or article of the funeral or article of the funeral or article of the funeral or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or article or artic 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 1X Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier 29b. Signature and title of certifier 29d. Date signed (Month, Day, Year) Jonet V- number, mo 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Two W. BRITIME LE JANET V. MOGHBELL, MD BALTIMURE, MO 31733 31. Date filed (Month, Day, Year) 32 Registrar's Signature State Registrar

Please Type or Print in Black Indelible Ink State of Maryland / Department of Health and Mental Hygiene

		1- For State Registrar		Certificate (	of Death	F	Reg No. 200	06 3126
Physicia Medical Examir		momer wilding			Tu		Day Year er 25, 2006	3. Time of Death 1105 hrs
		4a. Facility Name (if not institution, giv. 701 Russell Avenue  5. Social Security Number  1 6. Se			4b. City, Town, or Location  Gaithersburg		4c. County of Deat  Montgomery	
Funeral Director		5. Social Security Number 6. Sec 225-02-2034 1	/ 0	yrs. last birthday) Y	If Under 1 Year If Un Months Days Hou		irth(MM/DD/YYYY) 9 Bi 1/1958 Forei Co	rthplace (State or gn puntry) VA
daryland 28a-f show any 1 at once.	٦٢	10a State 10b. County MD Montgom		City, Town or Loc				10d Inside City Limits 1 X Yes 2 No
b the Maryland 3a or 28a-f sho	Director	10e. Street and Number 12327 Quailwoods	Dr.		10f. Zip Code 20874		10g. Citizen of What Cou USA	Intry?
0 0	d by Funeral	11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced 15. Decedent's Education (Specify on	12. Was Decedent Ever Armed Forces? 1 Yes 2 X N If Yes, Give Year or Dates: y highest grade complete	No 1	Vas Decedent of Hispanic O Yes, specify Cuban, Mexica  Yes 2 No specify ent's Usual Occupation (Give	n, Puerto Rican, etc.)	14. Race - Amer White, etc. Specify: Whi	
5-0036 led within 72 hours after tygiene. other than "natural",	ompleted	Elementary/Secondary (0-12)	College (1-4 or 5+)		most of working life. DO NO	T use retired)	Wholesale	,
MD 21215-0036 d 2 should be filed within 7 th and Mental Hygiene. n 27 is marked other than market other than 1 was the Medica with the Medica was the Medica with the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medica was the Medi	Be C	17. Father's Name (First, Middle, Last) Paul Samual Wrigh 19a. Informant's Name/Relationship (Ty			Shi	er's Name (First, Middle, .rley Mae Mi	tchem	
imore, MD 2 Pages I and 2 shour ment of Health and Intent of Health and Intent 27 is nor or other traumatic	۵ ا	Randy Wright/brot	her	1821	ng Address (Street and Nu Lisburn Ct.		27529	
Baltimore, MD permit Pages I and 2 sh Department of Health and Important: If item 27 is injury or other trauman		Burial 2 X Cremation 3 4 Donation 5 Other Specify: 21 gnature of Funeral Service License	Removal from State	crematory or c Chesapeal		9/28/2006	20c. Location - City or Beltsville	
	1		2 mo1358	Ra	app Funeral &	Cremation	ilver Sprin Svc.933 Gis	g, MD t Ave.20910
Physician /Medical Examiner		23a Part I. Enter the disease, or complifation. List only one cause on each immediate Cause (Final disease or condition resulting in death)	cations that caused the de th line.  Hypertensive 1  Jue to (or as a consequence	neart dise		cardiac or respiratory arr	est, shock, or heart	Approximate Interval Between Onset and Death
	Examiner	cause. Enter Underlying Cause	ue to (or as a consequenc					
executed an and al - trans		X UNPENDED	AMENDED item#1	00- DIT 07	ME 000 10/	10/04 577		
	2	IF FEMALE: 3b. Was decedent pregnant in the	23c. If yes, outcome of p	regnancy	perME,g860, 10/		23d. Date of delivery  Month D	ay Year
Box 6 he death cer the attendi	Pnysicia	past 12 months?  1 Yes 2 No 9 Unknown  Part II. Other significant conditions	9 Unknown	f death 5 O	ther (Specify)			ay real
S, P.O	2	Steatohepatitis	contributing to death but no	ot resulting in the	underlying cause given in P		bacco use contribute to t	
	completed	25. Was case referred to medical			26 Plans of Parkle	24a. Was a autop: perfor 1 🗸 Yes 2	sy prior to co med? death?	opsy findings available ompletion of cause of
f Vital Physician r this cert al directo		examiner? 1 ✓ Yes 2 No	spital: 1 Inpatient 2	ER/Outpatien	26.Place of Death t 3 DOA Other		Residence 6 🗸 Other:	Scene
ion of trending Ph. Jeath tro: After tl		27. Manner of Death  1 X Natural 5 Pending 2 Accident Investigation	28a. Date of Injury (Month, Day,Year)	28b. Time of	Injury 28c. Injury at Work		ow injury occurred	
Division o Division o vittending to the Hospital or Attending to the Funeral Director: After completely filled in by the funeral Constitution of the funeral Constitution of the funeral Constitution of the funeral Constitution of the funeral Constitution of the funeral Constitution of the funeral Constitution of the funeral funeral Constitution of the funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funer		3 Suicide 6 Could not be determined	28e, Place of Injury - A (Specify)		et, factory, office building, et	or Town, St	,	
To the Hos within 24 h To the Fur completely		2 Medical Examiner:	n: To the best of my knowl On the basis of examination and manner stated	edge, death occur n and/or investiga		ace, and due to the cause curred at the time, date a	e(s) and manner as starte and place, and due to the	ed cause(s)
		Pater Guen	in-Polls	L.	29c. License number O.C.M.E.		29d. Date signed (Mont September 26, 20	
		<ol> <li>Name and address of person who co Patricia Aronica-Pollak MD.</li> </ol>	Assistant Medica	ıl Examiner	111 Penn Street, Ba	ultimore, MD 21201		
Stat Registra	e ir	1. Date filed (Month Day Year) 3 20	32. Redistrar's Sign	atture .	all!			

			1- State of Maryl Registrar	and / Depa	artment of H rtificate of I	lealth and Death	Mental Hygi	ene 200	6 31262
	Physici /Medio		1. Decedent's Name (First, Middle, Last) Alvin F. Ward				2. Date of Death Month Septembe	Day Ye 20, 20	106 7:10 A M
)	Examir	ner	4a. Facility Name (If not institution, give street and number)  4106 GLen Park Rd.  5. Social Security Number 6. Sex 7. Age (In	un la state de la		ngham		4c. County of E	more
	Funeral Director		216-28-3270 1 1 X M 2 □ F 77  Usual Residence of Decedent	yrs. last birthday) Yrs.	Months Days	Hours Min.		Year) 9. M	Birthplace (State or Foreign Country) aryland
	a-f show	ctor		City, Town or Lo	ocation ttingham				10d. Inside City Limits 1 ☐ Yes 2√ No
	h with the 23a or 28 at be no	Funeral Directo	10e. Street and Number 4106 Glen Park Rd.		10f. Zip Code	21236	10	g. Citizen of What	- 1
2-0030	n 72 hours after death with the Maryland "neturel; or Items 23a or 28a-f show solical Exertine must be notified at	by	11. Marital Status  1 Never Married 2 Married  3 Widowed 4 Divorced  12. Was Decedent Ever Armed Forces?  1 Yes 2 Mo If Yes, Give Year or Dates:		Was Decedent of Hilf Yes, specify Cuba 1 ☐ Yes 2 ☑ No	ispanic Origin? (S in, Mexican, Puer Specify:	Specify Yes or No- to Rican, etc.)		umerican Indian, Thite, etc. White
0-6171	c * @	Completed	15. Decedent's Education (Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4or 5+)	(Give	dent's Usual Occupi kind of work done of DO NOT use retired ON Design	during most of wo	rking	6b. Kind of Busine	ess/Industry
land 2	permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: If Itam 27 is marked other then eny injury or other traumatic event. If a MODGe.	To Be Co	17. Father's Name (First, Middle, Last) Alvin G. Ward	Sent	on vesign	18. Mother's Nar	me (First, Middle, M.	aiden Sumame)	cour co.
Mary	nd 2 shou alth and N 27 Is main r traumain	-	19a. Informant's Name/Relationship (Type, Print) Helen M. Ward (wife)				ural Route Number, lottingham		e, Zip Code) 236
more,	Pages 1 a ent of Hea nt: If Itam ry or othe		Magaziai 2   Cremation 3   Removal from State		osition (Name of matory or other plac oh Ch. Cer			Oc. Location - City	or Town, State
Dall	permit. I Departm Importa eny inju		21. Signature of Funeral Service Licensee	22	2. Name and Addres	s of Facility Sci	himunek Fi Baltimore,	uneral H	omes
	w requires that the death certificate be executed  been signed by the attending physicien and should be detached for use as the burial-transit	edical Examiner	23a. Part1. Enter the disease, or complications that caused the cand shock, or heart failure. List only one cause on each line. Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that intitated events resulting in death) Last  Due to (or as a condition or cause). Due to (or as a condition or cause). Due to (or as a condition or cause). Due to (or as a condition or cause). Due to (or as a condition or cause).	es 7/2 resequence of): Earl of resequence of):	2E 46	art art	Farle NISC		Approximate Interval Between Onset and Death
O. DOX O	the death certific the attending p ched for use as	Physician/Mec	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 ☐ Yes 2 ☐ No 9 ☐ Unknown  23c. If yes, outcome of prediction in the past 12 months? 4 ☐ Pregnant at time 9 ☐ Unknown	Fetal death 3	Ectopic pregnancy Other (specify)			23d. Date of Month	delivery Day Year
, conto	requires that sen signed by rould be deta	ρ	Part II. Other significant conditions contributing to death but not		nderlying cause give	en in Part I.	23e. Did toba	_	e to the cause of death?  Probably 4 DUnknown
מושו	rsicien: The law i s certificete has bu director, page 2 sh	e Completed	25. Was case referred to medical					ed? death X No 1 □ \	autopsy findings available to completion of cause of ?? Yes 2 No
I O I O I	To the Hospitel or Attending Physicien: The law requires that the death certif within 24 hours attenders: Whitin 24 hours attenders at the transplant of the Funeral Director After this certificete has been signed by the attending completely filled in by the funeral director, page 2 should be detached for use as	Certification: To Be	examiner? 1 □ Yes 2 ☑ No  1 □ Inpatient: 1 □ Inpatient: 1  27. Manner of Death 1 ☑ Natural 5 □ Pending 2 □ Accident investigation	2 ER/Outpatien 28b. Time of Injury	28c. Injury Work	ar: 4 ☐ Nursing H	ath Check only one lome 5 Residen 28d. Describe how	ice 6 Other (S	ipecify)
	itel or Att irs after d ral Direct led in by i	Certific	3 ☐ Suicide 6 ☐ Could not be determined 28e. Place of Injury - A building, etc. (Sp.	ecify)			City or Town,	State)	Rural Route Number,
	To the Hospitel or within 24 hours afte to the Funeral Dir completely filled in	Medical	29a. Certifier 18 Certifying Physicien: To the best of my 2 Medical Examiner: On the basis of exam and manner stated.  29b. Signature and title of certifier	nination and/or inv	vastication in my or	vinion doath occur	erod at the time dat	a and place and	dura to the course/->
i	7		and manner stated.  29b. Signature and title of certifier  30. Name and address of person who completed cause of death (  A CATON III. ESCALAWI  31. Date filed (Month, Day, Year)  32 Registrar's Si  OCT 0 3 2006	[[tem 22a] (Time	Do Do	0176	79	10/2	106
10	Sta	te.	A CATON I. ESCALANT  31. Date filed (Month, Day, Year)  32. Registrar's Si	E V7	.0-	31516	MONE.	mol 7	1236
	Registr		OCT 0 3 2006	N. A					

			1 - For State Registrar	State of Maryland /	Departm <i>Certific</i>	ent of He	ealth and N Neath		giene 200	6 31263
	Physici		Decedent's Name (First, Middle, Last)     Rita Cecelia Wals	n	-			2. Date of Dea Month S' EPT	Day Yes	
<b>)</b>	/Medio		4a. Fecility Name (If not institution, give str	eet and number) +OSPITAL		B	ocation of Death	10RE	4c. County of D	eath 'A
	Funeral Director		5. Social Security Number 6. Sex 1 Number 1 Number 6. Sex 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number	7. Age (In yrs. last b	Yrs.		Hours Min.	(Month, Day	9. 1920	Birthplace (State or Foreign Country) Virginia
	Maryland e-f ehow	ctor	10a. State 10b. County  MD N/A	10c. City, Tox	wn or Location	Baltimo	ore			10d. Inside City Limits  Y☐ Yes 2☐ No
	h with the	al Director	3626 Hineline Road			Zip Code 212			10g. Citizen of Whal United St	
920	72 hours after death with the Maryland naturel; or Iteme 23a or 28e-f ehow dical Exacilitational terrollified at	by Funeral	11. Marital Status 12  1 Never Married 2 Married 3 Widowed 4 Divorced	Was Decedent Ever in U.S. Armed Forces? 1   Yes 2\( \) No If Yes, Give Year or Dates:			panic Origin? (Sp , Mexican, Puerto Specify:	pecify Yes or No- Rican, etc.)	1	merican Indian, thile, etc. White
1215-0036	within 72 hours ene. then "nature!; in Medica Ext	Completed	15. Decedent's Educa (Specify only highest grade of Elementary/Secondary (0-12)	cion 16a Completed) Tollege (1-4or 5+)		f work done du T use retired)	ion ring most of worl	king	16b. Kind of Busine	ŕ
DQ Z	be filed tal Hygie d other i	Be	17. Father's Name (First, Middle, Last)		nome	maker			Maiden Sumame)	Home
aryla	2 should and Men fe marks reumatic	2	Thomas L. Cavey  19a. Informant's Name/Relationship (Type		b. Mailing Add	ress (Street an		Rita Kr ra <i>l R</i> oute <i>Numb</i> e	oeger r, City or Town, Stat	e, Zîp Code)
e, R	s 1 and 2 f Health a from 27 fe other tree		Kathleen McGee - Da		26 Hin		- i		MD 21229 20c. Location - City	or Town State
more	Pages ment of thant: If ite		1 Murial 2 □ Cremation 3 □ Ren 4 □ Donation 5 □ Other (Specify)	noval from State	ery, crematory 1 Park	or other place) Cemeter	y 10-2	-2006	Baltimore	MD
Bail	Deperting Imports eny inju		21. Signature of Funeral Service Licensee	2	22. Nam 2719	e and Address Hammon	of Facility Am	brose Fu Rd., lan	meral Hom sdowne, M	e, Inc. D 21227
,	Physician		23a. Part 1. Enter the disease, or complica shock, or heart failure. List only one Immediate Cause (Final disease or condition resulting in death)	Due to (or as a consequence	feute	mode of dying, Renew	such as cardiac	or respiratory are	rest,	Approximate Interval Between Onset and Death UMANUM
	/Medical Examiner		Sequentially list conditions, if any, leading to immediate	Due to (or as a consequence	or):	sive	Hear	t Feri	lure	Unknown
3/60,	death certificate be executed e attending physicien and d for use as the burial-transit	dical Examiner	if any, leading to immediate cause. Enter Undertying Cause (Disease or injury that initiated events resulting in death) Last	Due to (or as a consequence		Aas	h'c	Stern	rsis	Unkuown
C. Box &		Physician/Med	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 ☐ Yes 2 ☑ No 9 ☐ Unknown	If yes, outcome of pregnancy  1 Live birth 2 Fetal deat  4 Pregnant at time of death 9 Unknown	th 3 ⊟Ectop 5 □ Othe	ic pregnancy (specify)			23d. Date of Month	delivery Day Year
ras, r.	w requires that the been signed by th should be detache	þ	Part II. Other significant conditions contri	buting to death but not resulting	in the underlyi	ng cause given	in Part I.			e to the cause of death?  Probably 4 Donknown
II Kecord	The law ate has b page 2 sl	Completed						24a. Was a autopoperfor 1 Yes	sy prior	autopsy findings available to completion of cause of ? es 20100
VItal	Physicien; The this certilicate ral director, pag	o Be	25. Was case referred to medical examiner?	pital: 1 Thipatient 2 ER/O	outpatient 3	DOA Other		th (Check only or	ne) ence 6 □Other (S	ipecify)
ion or	ending eth. or: After ne fune	ertification; T	27. Manner of Death 1 Natural 5 Pending 2 Accident investigation		Time of Injury M	28c. Injury a Work?			ow injury occurred	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
DIVISION	To the Hospital or Atte within 24 hours efter de To the Funere! Direct completely filled in by th	Certific	3 Suicide 6 Could not be determined	28e. Ptace of Injury - At home, f building, etc. (Specify)				City or Tow	n, State)	Rural Route Number,
	A Hosp 24 hound Fune detely fil	edical	(Check only 2 Medical Examine	ian: To the best of my knowledg r: On the basis of examination a and manner stated.	nd/or investiga	tion, in my opin	nion, death occur	red at the time of	late and place, and o	fue to the cause(s)
١	within To th	×	29b. Signature and title of certifier  30. Name and address of person who comes of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of	AMIR CHEE M.B.	MA	29c. License r	6302	5	SEPT 2	onth, Day, Year)  9 2006
	, }		30. Name and address of person who come STONE SHOP CIA	pleted cause of death (Item 23a)	(Type, Print)	MILL	s CHEE	MAMA	21117	5124
	Sta Registr	ate rar	31. Date filed (Month, Day, Year) <b>OCT 0 3</b> 2006	32. Begistrar's Signature	board	20	*			

			1 ≈ For State Registrar	State of N	/laryland / l	Department of Certificate		and Mental Hy	giene Reg. No 200	6 31264
			1. Decedent's Name (First, Middle, L	ast)				2. Date of De Month	ath	3. Time of Death
	Physici /Medic		MARGARET	G	Z	ACKON		OCTOBE	R 2, 2006	1:15 P. M
	Examin	er	4a. Facility Name (If not institution, g			4b. City, To	wn, or Location of	of Death	4c. County of E	Death
			212 AIGBURTH AV 5. Social Security Number 6.		414 Age (In yrs. last bii	thday) Il Under 1	TOWSON fear If Under	24 Hrs 9 Date of Bir	BALTI	MORE Birthplace (State or Foreign
Ь	Funeral Director		213-28-6547	1□ M 25 F	ryo (III yi a. idal Dii		ays Hours	24 Hrs. 8. Date of Bin (Month, Da 12/31	/1931 I	Country) MARYLAND
Į į	D		Usual Residence of Decedent		74			12/21	יועליין	TAITTEAND
	72 hours after death with the Maryland neture!', or lteme 23a or 28s-f ehow Jical Examinat nust be mutified at	<u>.</u>	10a. State 10b. County	10-5	10c. City, Tow					10d. Inside City Limits
	he M.	Director	MD BALTI	MORE	TOW					1 ☐ Yes 2 No
	a or 2	DI	10e. Street and Number 212 AIGBURTH RO	AD APT. 4	11.	10f, Zip Co	1286		10g. Citizen of Wha	t Country?
	Jeath Trais	Funeral	11. Marital Status	12. Was Deceder	nt Ever in U.S.			gin? (Specify Yes or No	USA - 14. Race - A	American Indian,
ပ္	or Neme	Fun	1 Never Married 2 Married	Armed Forces  1 Yes 27  If Yes, Give				gin? (Specify Yes or No i, Puerto Rican, etc.)	Black, V	Vhite, etc.
933	rel', c	d by	3  Widowed 4 □ Divorced	Year or Dates		1 ☐ Yes 2 ☐	XNo Specify:		Specify:	WHITE
21215-0036	"netu	Completed by	15. Decedent's (Specify only highest g		16a	Decedent's Usual ( (Give kind of work)	done during most	t of working	16b. Kind of Busine	ess/Industry
12	within ene. then "	ш	Elementary/Secondary (0-12)	College (1-4o	r 5+)	life. DO NOT use			DALLSZ	IC cmonn
	filed Hygi ther ant, I	e Cc	8TH GRADE  17. Father's Name (First, Middle, Last	st)		SALESPER		er's Name (First, Middle,		S STORE
lan	should be ad Mental marked o	To B	LEO SCALES				ADEL	E FIEDLER		
Maryland	s 1 and 2 should f Health and Men item 27 is marke other traumatic		19a. Informant's Name/Relationship	(Type, Print)	196	. Mailing Address (S	treet and Numbe	or or Rural Route Number	er, City or Town, Sta	te, Zip Code)
	and 2 salth in 27 i		PAULA MOYLAN/DAU	GHTER	1	6909 DAIS	Y DELL C	CT. MONKTO		
ore	ges 1 ar t of Hea if item or other		20a. Method of Disposition  1 Durial 2 Cremation 3	□Removal from Stat	cemete	f Disposition (Name ry, crematory or othe	r place)	Date	20c. Location - City	
Ë	Pages Iment of tant: if it jury or o		4 Donation 5 Other (Spec	ify)	METRO			10/3/2006	CATONSVII	
Baltimore,	permit. Pages Department of Important: If it eny injury or o		21. Signature of Funeral Service Lic	)- Hai	1	8521 LO	Address of Facilit	BLVD. TO	WSO, MD 2	AL HOME, P.A. 21286
П			23a. Fant. Enter the disease, or co shock, or heart failure. List on	nplications that cause y one cause on each	ed the death. Do line.	not enter the mode o	dying, such as	cardiac or respiratory a	rest,	Approximate Interval Between
	Physician :		Immediate Cause (Final disease or condition resulting in death)	_a (or	onary 4	149 Dus	CUR			Onset and Death
*	/Medical Examiner		resulting in dealth)	Due to (or a	s a consequence	of):				
	4	P.	Sequentially list conditions, if any, leading to immediate	b. Due to for a	s a consequence	of):				
	uted d ansit	Examiner	Cause (Disease or injury			,				
ć	exection and inal-tra	Exa	that initiated events resulting in death) Last	c. Due to (or a	s a consequence	of):				
8760,	cate be executed physicien and the burial-transit	lcat		<b>d</b> .						
39 )	ing pt	Med	IF FEMALE:							
Вох 6	ath ce	an/	23b. Was decedent pregnant in the past 12 months?		2 Fetal death				23d. Date of Month	delivery Day Year
P.0.	es that the death certific igned by the attending p be detached for use as	Physician/Med	1 ☐ Yes 2√☐No 9 ☐ Unknown	4∐Pregnant 9□ Unknown	at time ol death	5 Other (speci	fy)			24,
	that the ded by		Part II. Other significant conditions	contributing to death	but not resulting in	the underlying caus	se given in Part I.	23e. Did to	obacco use contribut	e to the cause of death?
ds	uires sign sid be	d by	by pothnaids	M		,		100	res 2 □ No 3 □	Probably 4 Unknown
00	w requir s been si should I	Completed	throng Obs	tuch wo	Ling or			24a. Was	an 24b. Were	autopsy findings available
Be	The far te has age 2	E O							rmed? prior	to completion of cause of
a	ician: The lav certificete has rector, page 2	BeC	25. Was case referred to medical				26. Place	1 ☐ Yes	A	185 Z   NO
-=	hysic his ce I direc	P,	examiner? 1 🗆 Yes 2 📉	Hospital: 1 ☐ Inpat	tient 2 ER/Ou	tpatient 3 DOA	Other: 4 🗆 Nu	rsing Home 5 Resid	lence 6 Other (5	Specify)
Ž					jury 28b.	Time of 28c	Injury at Work?	28d. Describe I	now injury occurred	
n of Vi	Ing P		27. Manner of Death  1 ☑ Natural 5 ☐ Pending	28a. Date of In (Month, D	ay Year)   I		Work?			
sion of Vi	tending Plasth. tor: After the		1 Natural 5 Pending investigati	on be		М	1 Yes 2 1			
Division of Vit	or Attending Physician: The law requires that the death certificate be executed after death. Director: After this certificate has been signed by the attending physicien and in by the funeral director, page 2 should be detached for use as the burial-transit		1 Natural 5 ☐ Pending	be 28e. Place of li			1 Yes 2 1			r Rural Route Number,
Division of Vital Records,	Dir	Certification:	1 Natural 5 Pending 2 Accident investigati 3 Suicide 6 Could not determine	be 28e. Place of It building, 6	njury - At home, fa etc. (Specify)	rm, street, factory, o	1 Yes 2 l	28I. Location (5 City or Tov	vn, State)	
Division of Vit	Dir	Certification:	1 Natural 2 Accident 3 Suicide 4 Homicide  29a. Certifier  1 Certifying F	28e. Place of libuilding, e	njury - At home, fa etc. (Specify) it of my knowledge of examination an	M rm, street, factory, o	1 Yes 2 I	28l. Location (5	vn, State)	r as stated
Division of Vit	Diagram		1 Natural 2 Accident 3 Sulcide 4 Homicide  29a. Certifier (Check only one)  29b. Signature and title of certifier	28e. Place of libuilding, control of the best miner: On the basis and manner s	njury - At home, fa etc. (Specify) it of my knowledge of examination an	M rm, street, factory, o s, death occurred at d/or investigation, in	1 Yes 2 Iffice  the time, date and my opinion, deat incense number	28I. Location (5 City or Tov d place, and due to the th occurred at the time,	cause(s) and manned date and place, and 29d. Date signed (M	r as stated. due to the cause(s)
Division of Vit	Dir	Certification:	1 Natural 2 Accident 3 Sulcide 4 Homicide  29a. Certifier (Check only one)  29b. Signature and title of certifier	28e. Place of libuilding, of	njury - At home, fa etc. (Specify) it of my knowledge of examination an	M rm, street, factory, o s, death occurred at d/or investigation, in	1 Yes 2 I	28I. Location (5 City or Tov d place, and due to the th occurred at the time,	vn, State)  cause(s) and manne date and place, and	r as stated. due to the cause(s)
Division of Vit	Dir	Certification:	1 Natural 2 Accident 3 Suicide 4 Homicide  29a. Certifier (Check only one)  29b. Signature and title of certifier  Way  30. Name and address of person wh	28e. Place of light building, 4 Physician: To the besignmen: On the basis and manner s	njury - At home, fa etc. (Specify) st of my knowledge of examination an stated.	m, street, factory, on the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control o	1 Yes 2 Iffice  the time, date and my opinion, deat icense number	28I. Location (5 City or Tov d place, and due to the th occurred at the time,	cause(s) and manned date and place, and 29d. Date signed (M	r as stated. due to the cause(s)
Division of Vir	Dir	Medical Certification:	1 Natural 2 Accident 3 Suicide 4 Homicide  29a. Certifier (Check only one)  29b. Signature and title of certifier  30. Name and address of person who	28e. Place of libuilding, of the best miner: On the basis and manner so completed cause of the best completed cause of the best completed cause of the best completed cause of the best completed cause of the best completed cause of the best completed cause of the best completed cause of the best completed cause of the best completed cause of the best completed cause of the best cause of the best completed cause of the best cause of the best cause of the best cause of the best cause of the best cause of the best cause of the best cause of the best cause of the best cause of the best cause of the best cause of the best cause of the best cause of the best cause of the best cause of the best cause of the best cause of the best cause of the best cause of the best cause of the best cause of the best cause of the best cause of the best cause of the best cause of the best cause of the best cause of the best cause of the best cause of the best cause of the best cause of the best cause of the best cause of the best cause of the best cause of the best cause of the best cause of the best cause of the best cause of the best cause of the best cause of the best cause of the best cause of the best cause of the best cause of the best cause of the best cause of the best cause of the best cause of the best cause of the best cause of the best cause of the best cause of the best cause of the best cause of the best cause of the best cause of the best cause of the best cause of the best cause of the best cause of the best cause of the best cause of the best cause of the best cause of the best cause of the best cause of the best cause of the best cause of the best cause of the best cause of the best cause of the best cause of the best cause of the best cause of the best cause of the best cause of the best cause of the best cause of the best cause of the best cause of the best cause of the best cause of the best cause of the best cause of the best cause of the best cause of the best cause of the best cause of the best cause of the best	njury - At home, fa etc. (Specify) st of my knowledge of examination an stated.	m, street, factory, on the street, factory, on the street, factory, on the street, factory, or the street, factory, or the street, factory, or the street, factory, or the street, factory, or the street, factory, or the street, factory, or the street, factory, or the street, factory, or the street, factory, or the street, factory, or the street, factory, or the street, factory, or the street, factory, or the street, factory, or the street, factory, or the street, factory, or the street, factory, or the street, factory, or the street, factory, or the street, factory, or the street, factory, or the street, factory, or the street, factory, or the street, factory, or the street, factory, or the street, factory, or the street, factory, or the street, factory, or the street, factory, or the street, factory, or the street, factory, or the street, factory, or the street, factory, or the street, factory, or the street, factory, or the street, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, factory, f	1 Yes 2 Iffice  the time, date and my opinion, deat icense number	28I. Location (5 City or Tov d place, and due to the th occurred at the time,	cause(s) and manned date and place, and 29d. Date signed (M	r as stated. due to the cause(s)

			1 - For State Registrar	State of	Maryla	nd / Depa <i>Cei</i>	artmen rtificat			nd Me		giene Reg. No.	ZUUI	31265
	Physic /Medi		1. Decedent's Name (First, Middle, Gloria Joyce Zir	ık							2. Date of De	Ž		10:30P
The same	Examir	ner	4a. Facility Name (If not institution, 5714 Second Aver	give street and num IUE	ber)			Town, or	Location of PE			Ва	County of Dea	
	Funeral Director		216-24-4266	Sex 7	7. Age (In yrs 79	. last birthday) Yrs.	If Under Months		If Under 2 Hours	4 Hrs. Min.	B. Date of Birt July 2	s, Year	927 Mar	thplace (State or Foreign cuntry) Yland
	Maryland n-f show	tor	Usual Residence of Decedent  10a. State 10b. County  MD Baltimo	ore		ity. Town or Lo								10d. Inside City Limits 1 ☐ Yes 2 ☐ No
	h with the	Funeral Director	10e. Street and Number 5714 Second Aven	iue			10f. Zip 212					10g. Citi U.S	izen of What Co	ountry?
036	permit. Pages 1 and 2 should be filed within 72 hours eiter deeth with the Maryland Department of Heelth and Mentel Hygiene. Important: if item 27 ie marked other then "neturel", or iteme 23a or 28a-f ehow important: if item 27 ie marked other then "neturel", or iteme 23a or 28a-f ehow styling or other traumatic event, it a Madical Exprite matter traust be netitied at 2008.	by	11. Marital Status  1 Never Married 2 Married  3 Widowed 4 Divorced	12. Was Deced Armed Ford 1 Tes 2 If Yes, Give Year or Dat	ces? 2 <b>K</b> ]No	1	Was Deced f Yes, spec 1 ☐ Yes		spanic Origin, Mexican,	in? (Spec Puerto R	offy Yes or No- lican, etc.)		14. Race · Ame Black, Whit Specify:Whi	te, etc.
Maryland 21215-0036	within 72 ho lene. rthen "netur the Madical	Completed	15. Decedent's (Specify only highest Elementary/Secondary (0·12) 12	Education grade completed) College (1-	4or 5+)	16a. Deced (Give life. I	kind of wo DO NOT us	rk done d se retired,	uring most	of workin	g		nd of Business	
land 2	ld be filed entel Hygi ked other Ic event, I	To Be C	17. Father's Name (First, Middle, La Clarence Elmer B			110001					(First, Middle,	Maiden		waru
	and 2 should selth and Men n 27 le marke ier traumatic		19a. Informant's Name/Relationship Daniel Zink/Son	(Type, Print)		19b. Mailir 1180	ng Address 00 Bu	(Street a		or Rural		r, City o	r Town, State,	Zip Code) 17225
Baltimore,	Pages 1 annent of Hee ant: If item ury or othe		20a. Method of Disposition 1 □XBurial 2 □ Cremation 3 4 □ Donation 5 □ Other (Spe		tate Me	Place of Dispo cemetery, cren eadowr10	sition (Nam natory or o dge M	ne of ther place EMOT	ial 10	Da 0-2-2		20c. Lo	Elkri	Town, State dge, MD
Balt	permit. Departr tmports eny inje		21. Signature of Funeral Service Lice	luce	De	1	Name an	d Addres ulph	s of Facility ur Spi	Amb: ring	rose Fu Rd. Ar	ınera butı	al Home us MD 2	, Inc. 1227
	Physician /Medical Examiner	,	23a. Part 1. Enter the disease, or co shock, or heart failure. List or Immediate Cause (Finat disease or condition resulting in death)	a. DC	used the dea ch line. (A C C er as a conse	atic	er the mod			ardiac or	respiratory ar	røst,		Approximate Interval Between Onset and Death
8760,	ficate be executed physician and stransit	dical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	с.	r as a consec									
.O. Box 68	The law requires that the death certificat tie hes been signed by the attending phyage 2 should be detached for use as the	Physician/Medi	IF FEMALE: 23b. Was decedent pregnant in the past 12 menths? 1 □ Yes 2 □ No 9 □ Unknown		th 2 ∏ Feta ntattim <i>e</i> of e	al death 3	Ectopic pro	egnancy ecify)				2	23d. Date of del Month	ivery Day Year
rds, P.	w requires that been signed by should be deta	þ	Part II, Other significant conditions	s contributing to dea	ith but not re	sulting in the ur	nderlying ca	ause give	n in Part I.			bacco u		o the causa of death?
		Completed								_	24a. Was a autop perfor	sy	prior to death?	utopsy findings available completion of cause of
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Physician: this certific ral director.	o Be	25. Was case referred to medical examiner? 1 ☐ Yes 2 ☐ No	Hospital: 1 🗆 Inj	nationt 2	ER/Outpatien	t 3 🗆 DO	Othe	~		Check only or	17	. Tou. 10	
ion of	ting Ph n. After th funeral	ation; To	27. Manner of Death  1 Natural  2 Accident  5 Pending investigat	28a. Date of (Month,		28b. Time of Injury		8c. Injury Work	41.00	28	e 52 Hesid Id. Lescribe h		Other (Specy occurred	city)
Divis	tal or Atters of the setter de el Directo	Certification;	3 ☐ Suicide 6 ☐ Could not 4 ☐ Homicide determine	286. Place o	f Injury - At h g, etc. <i>(Speci</i>	ome, farm, stre	eet, factory	, office		28	If. Location (S City or Tow			ural Route Number,
	To the Hospital or Attence within 24 hours efter death To the Funerel Director: completely filled in by the	edicai	one)	hysician. To the bas aminer: On the bas and manne	is of examina	owiedge, death ation and/or inv	estigation,	in my opi	e, date and nion, death	piace, an occurred	d due to the d I at the time, d	ause(s) late and	and manner as place, and due	stated. to the cause(s)
•	V Vit	2	29b. Signature and title of certifier				29c	License	number He13(	p	(	29d. Date	signed (Monti 29-700	h, Day, Year)
	Y		30. Name and address of person where the country Mar	o completed cause	of death (Iter	n 23a) (Type, i	Print) AV-C1	ue	Bat	tim	cre 1	CIN	2122	9.
	Sta Registr		31. Date filed (Month, Day, Year) OCT 03	2006 32.	gistrar's Signa	ature	resta	,						

			1 - For State Registrar	State of Maryla	and / Depa <i>Ce</i>	artment of F rtificate of I	lealth and I <i>Death</i>		iene 200 (	3   266
	Physici /Medic		Decedent's Name (First, Middle, Last Lula M	Avery				2. Date of Deal		3. Time of Death 11:38рм
	Examir		4a. Facility Name (If not institution, give Southern Mary 1  5. Social Security Number 6. Se	and Hospit	al rs. last birthday)	4b. City, Town, or Clint If Under 1 Year		8. Date of Birth		th  George's  thplace (State or Foreign
	Funeral Director		251-58-3169 Usual Residence of Decedent	□ M 2 □ <b>X</b> F	71 Yrs.	Months Days	Hours Min.	(Month, Day, 5 – 27 – 1	Year) Co	th Carolin
	the Marylan r 28a-f show notified at	Director	Md Prince G		Suitl			1	0g. Citizen of What Co	10d. Inside City Limits 1 ☑ Yes 2 ☐ No puntry?
036	be filed within 72 hours after death with the Maryland ital Hygiene. bd other than "naturel", or itema 23a or 28a-f show avent, the Medical Examinar must be notified at	by Funeral	2503 Brooks Dr  11. Marital Status  1 Never Married 2 Married  3 XWidowed 4 Divorced	12. Was Decedent Ever in Armed Forces? 1 ☐ Yes 2 🎛 No If Yes, Give Year or Dates:		20746 Was Decedent of H If Yes, specify Cuba	ispanic Origin? (S an, Mexican, Puert Specify:	pecify Yes or No- o Rican, etc.)	USA  14. Race - Ame Black, White Specify:	
21215-0	filed within 72 ho Hygiene. sther then "neturi ent, the Medical F	Completed	15. Decedent's Edi (Specify only highest grad Elementary/Secondary (0-12)		(Give	dent's Usual Occup kind of work done of DO NOT use retired itian	during most of wor	king	16b. Kind of Business DC Gover	•
ryland	hould be fill d Mental H marked oth matic aven	To Be	17. Father's Name (First, Middle, Last)  19a. Informant's Name/Relationship (T)	Unknown		ng Address (Street	Annie	Ervin	Maiden Sumame)  , City or Town, State, 2	Tin Code)
Baltimore, Maryland 21215-0036	permit. Pages 1 and 2 should b Department of Health and Menta Importent: If Item 27 is marked any injury or other traumatic a once.		Mae Simon, Daug  20a. Method of Disposition  1 Disposition  1 Disposition  1 Donation  5 Dotter (Specify)  21. Signatury Lemeral Service Licens	hter Removal from State	2503 Place of Dispo cemetery, creat t Oliv	Brooks position (Name of matory or other place etCemeto 2. Name and Address	Dr Sui ery 9-2	tland M 2-2006 aylor F	d 20746 20c. Location · City or Washingto	Town, State
8760,	Physician and Street be executed sicial burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street burial-transit street buri	dical Examiner	23a. Part1. Enter the disease, or comp shock, or heart failure. List only of Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, iseding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	a. Pullo do Due to (or as a constd.	pequence of):  n (article uence of):		g, such as cardiac	or respiratory arre	est,	Approximate Interval Between Onset and Death
P.O. Box 6	the death certific y the ettending p iched for use as	Physician/Me	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 □ Yes 2 ( No 9 □ Unknown	23c. If yes, outcome of pred 1 Live birth 2 Fr 4 Pregnant at time o	etal death 3	□Ectopic pregnancy □ Other (specify)			23d. Date of del Month	ivery Day Year
ords, P.	requires that the de neen signed by the e hould be detached f	þ	Part II. Other significant conditions co brest Clin Utin Coine		esulting in the u	nderlying cause give	en in Part I.	1 🗆 Ye		o the cause of death?
al Rec	n: The law ficate has b or, page 2 s	Completed	25. Was case referred to medical	•				24a. Was a autops perform 1 Yes 2	y prior to death?  2 ☑ No 1 ☐ Yes	itopsy findings available completion of cause of 2 No
Division of Vital Records,	To the Hospitel or Attending Physicien: The law requires that the death certificate be execut within 24 hours after death.  To the Funerel Director: After this certificate has been signed by the ettending physicien and completely filled in by the funeral director, page 2 should be detached for use as the burial-tran	atlon: To Be	examiner?  1  Yes 2 No  27. Manner of Death  1 Natural 5 Pending 2 Accident investigation	1 Management 1 Management 2 28a. Date of Injury (Month, Day Year)	ER/Outpatier 28b. Time o Injury	f 28c. Injury Work	er: 4 ☐ Nursing H		e) ence 6 ⊡Other (Spe ow injury occurred	cify)
Divis	Hospitel or Att	l Certification:	3 Suicide 6 Could not be determined	28e. Place of Injury - Ai building, etc. (Spe	cify)			City or Town		
1	To the Hospitel within 24 hours a To the Funerel completely filled	Medical	29a. Certifier (Check only one)  29b. Signature and title of certifier	sician: To the best of my k ner: On the basis of exam and manner stated.	ination and/or in	vestigation, in my op	pinion, death occu	rred at the time, da	ause(s) and manner as ate and place, and due	to the cause(s)
	5 Sta	te	30. Name and address of person who con Rom TAR 31. Date filed (Month, Day, Year) SEP 2 0 2006	ompleted cause of death (II	tem 23a) (Type,			13/ 5:1		

**ORIGINAL** 

			1 - For State Registrar	State of Marylar			of Health and I Tool of Death		giene Reg. No.	2006	31267
1			Decedent's Name (First, Middle, La.	st)				2. Date of De		Vaaa	3. Time of Death
и	Physici		Augusta	Vittur	A1	.fano		Septembe	r 18.	2006 Yeer	7:30 P M
	/Medic Examin		4a. Facility Name (If not institution, give	e street and number)		4b. City, Tow	m, or Location of Deat			County of Death	
1	_ Kaiiiii	•	Sacred Heart Home, I	nc.		Hyatts	ville		Pr	rince Geor	ge's
	Funeral		5. Social Security Number 6. S	ex 7. Age (In yrs	last birthday)	If Under 1 Ye	ear If Under 24 Hrs		th.		place (State or Foreign
	Director		433-01-1106	□ M <b>XIXX</b> 102	Yrs.	Months Da	ays Hours Min.	August 1	7, 190	04	Louisanna
	Q		Usual Residence of Decedent								
	how		10a. State 10b. County	10c. C	ity, Town or Lo	cation				]	10d. Inside City Limits
	e Ma	ţ	Maryland Prince Ge	orge's H	lyattsvi1	le					1 ☐ Yes ŽŽŽ No
	th th	ire	10e. Street and Number			10f. Zip Coo			-	zen of What Cou	ntry?
	72 hours after death with the Maryland natural', or iteme 23a or 28a-f ahow iteal Examinat must be notified at	Funeral Director	5805 Queens Chapel Ro	ad		20782			USA	A	
	dea E	ner	11. Marital Status	12. Was Decedent Ever in t Armed Forces?	J.S. 13.	Was Decedent	of Hispanic Origin? (S Cuban, Mexican, Puer	Specify Yes or No to Rican, etc.)	)- 1	14. Race - Americ Black, White,	
9	or it	교	1 Never Married 2 Married	1 ☐ Yes 2XXNo If Yes, Give		1 ☐ Yes 24521			1		White
8	ural',	d by	3XXWidowed 4 □ Divorced	Year or Dates:							
21215-0036	72 h natu	Completed	15. Decedent's Ed (Specify only highest gra		(Give	dent's Usual Od kind of work de	one during most of wo	rking	16b. Kir	nd of Business/In	dustry
2	within ene. then "	Ig	Elementary/Secondary (0-12)	2 College (1-4or 5+)	Sales	DO NOT use re	etired)		Self	E-Employed	
	filed w Hygie thar t				Sales		10. Mathada Na	me (First, Middle	Maidan	Cumama)	
- L	2 should be filed withir and Mental Hygiene. Is marked other than aumatic avant, the Ms	Be	17. Father's Name (First, Middle, Last, Adolph Vittur				Frances			Sumame)	
7 8	should be to and Mental I marked of umatic ava	မ	<u> </u>								
Maryland	s 1 and 2 should be filed within 72 hours after death with the Marylan I Health and Mental Hygiene 1 Health and Mental Hygiene 1 Health and Mental Hygiene 1 Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Health and I Heal		19a. Informant's Name/Relationship (				reet and Number or R		•		Code)
	1 and Health In 27 Ther tr		Joan Simmons / Daugh			Fendale	Lane Frederic	ksburg, V		La 20048 cation - City or To	
5	Pages 1 nent of H int: if ite		20a. Method of Disposition 1 XXBurial 2 □ Cremation 3 □	Removal from State	cemetery, crei	matory or other	place)			,	
Ë	men tant:		4 □Donation S □ Other (Specif	//		n Cemete		1/2006		con, Maryl	
Baltimore,	permit. Pages 1 and 2 Department of Health a Important: if item 27 is any injury or other tra ance.		21. Signature of Funeral Service Licer	isee /				eorge P. K			me PA
ш	707 a		Just. 19	also p			n Hill Road (			land 207	
			23a. Part1. Enfor the disease, or com shock, or heart failure. List only	plications that/caused the dea one cause on each line.	th. Do not ent	er the mode of	dying, such as cardia	c or respiratory a	irrest,		Approximate interval Between
	Physician		Immediate Cause (Final disease or condition	ALZEHE	IMER'S	DISEAS	E END STAG	E			Onset and Death
	/Medical		resulting in death)	Due to (or as a conse	quence of):						
	Examiner		Sequentially list conditions	b							
	p #	ner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	Due to (or as a conse	quence of):						
	acute and trans	Examiner	cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	C							
Ö,	e exe	ŭ	resulting in death, cast	Due to (or as a conse	quence of):						
68760,	cate be executed physicien end the burial-transit	dicai		d							
_	5 0 6	. w	IF FEMALE:								
Вох	death certifit a attending p od for use es	an/	23b. Was decedent pregnant	23c. If yes, outcome of pregr 1 ☐ Live birth 2 ☐ Fet		Ectopic pregn	ancy		2	3d. Date of delive Month	ery Day Year
	0 0 2	sici	in the past 12-months? 1 ☐ Yes 2 ☑ No	4☐Pregnant at time of 9☐Unknown	death 5	Other (specify	y)			WOTE	ouy rour
P.0	The law requires that the death cer sie has been signed by tha attendin page 2 should be detached for use	by Physician/M	9 Unknown	20101		14 JUN 7 -				_011111=	
	signed be del	þ	Part II. Other significant conditions of	contributing to death but not re	sulting in the u	nderlying cause	e given in Part I.		v		he cause of death?
Records,	w requir been s	ed G	Blind					1 🗆	Yes Z	No 3 □ Prol	oably 4 Unknown
၁၁	e law r has be je 2 sh	Completed	Osteroporos	is				24a. Was		24b. Were auto	opsy findings available impletion of cause of
Ä	The ste has begin	E	A					perfo	omed? 2XXNo	death? 1 ☐ Yes	
ita	iclan: Th certificete rector, peg	0	Anemia 25. Was case referred to medical				26. Place of De	ath (Check only			
>	d is	To B	examiner? 1 □ Yes 2 X XNo	Hospital: 1 ☐ Inpatient 2 ☐	ER/Outpatier	nt 3 DOA	Other: 東図 Nursing I	Home 5 ☐ Resi	idence 6	Other (Specia	fy)
0	문 등 교		27. Manner of Death	28a. Date of Injury (Month, Day Year)	28b. Time o	f 28c.	Injury at Work?	28d. Describe	how injury	y occurred	
Ö	ath. r: Af	atic	1 Natural 5 Pending 2 Accident investigatio	n	,,	м	1 ☐ Yes 2 ☐ No				
Division of Vital	or Attanding itter death. Diractor: After in by the fune	ıllı	3 ☐ Suicide 6 ☐ Could not b	e 28e. Place of Injury - At I building, etc. (Spec	nome, farm, st	eet, factory, of	fice	28f. Location ( City or To		d Number or Run	al Route Number,
Ö	s after	Certification:		Sanding, etc. (Spec	,			0, 0. 70	, 5.413/	•	
	To the Hospital or Attend within 24 hours after death To the Funeral Director: completely filled in by the		29a. Certifier XXCertifying Pt	nysician: To the best of my kn	owledge, deat	h occurred at th	he time, date and place	e, and due to the	cause(s)	and manner as s	stated.
	ha H in 24 he Fu	Medicai	one)	niner: On the basis of examin and manner stated.	auon and/of in	vestigation, in i	my opinion, death occi	uiled at the time,			
	To the To the Comp	Σ	29b. Signature and title of certifier			29c. Li	cense number			e signed (Month,	
	,		1991mi	wp/			D51500		Septe	ember 19	, 2006
HH	/		30. Name and address of person who	completed cause of death (Ite	m 23a) (Type,	Print)					
KIN			Bahram Pishdad M	D 1328 Southern		.E. #3	10 Washingto	on, D.C.	20032	)	
	Sta	ite	31. Date filed (Month, Day, Year) SEP 2 0 2006	32. Registrar's Sign	ature						

State of Maryland / Department of Health and Mental Hygiene 2006 31268 1 - State Registrar Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Day **Physician** Visvanath Sankara Ash ford 12:32 P M September 14, 2006 /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Holy Cross Hospital Silver Spring Montgomery 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Security Number Birthplace (State or Foreign Country) **Funeral** MM 2□F Yrs. Director 587-36-2413 58 Feb. 13, 1948 Mississippi Usual Residence of Decedent the Maryland 10c. City. Town or Location 10a. State 10b. County 10d. Inside City Limits 28a-f ehow the Medical Examiner must be notified at 1 ☐ Yes X ☐ No Directo Maryland Montgomery Silver Spring 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? With ò 1110 Fidler Lane, Apt. 1119 20910 USA iteme 23a death Funera 12. Was Decedent Ever in U.S. Armed Forces? 1 ☐ Yes 22☐ No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. Pages 1 and 2 should be filed within 72 hours after 1X Never Married 2 Married Baltimore, Maryland 21215-0036 ö 1 ☐ Yes 2√☐ No Specify: Black ð Specify. 3 ☐ Widowed 4 ☐ Divorced "natural", Completed 15. Decedent's Education 16b. Kind of Business/Industry 16a. Decedent's Usual Occupation (Specify only highest grade completed) (Give kind of work done during most of working life. DO NOT use retired) al Hygiene. Elementary/Secondary (0-12) Contracts Management Service College (1-4or 5+) Information Technology Specialist 5+ Federal Government 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be n and Mental Alva H. Ashford Dorothy E. Wallace 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Department of Health a Important: if Itam 27 iden y injury or other tra Anita L. Pramawat/ Sister 3840 Bel Pre Road, Condo #9, Silver Spring, MD 20906 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State Sept. 23, 2006 1 ⊠ Burial 2 ☐ Cremation 3 ☐ Removal from State Gate of Heaven Cemetery 4 ☐ Donation 5 ☐ Other (Specify) Silver Spring, Maryland 22. Name and Address of Facility Funeral Home Inc. Francis J. Collins 500 University Blvd, W, Silver Spring, MD 20901 21. Signature of Funeral Service Licensee nahlu 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final Physician disease or condition resulting in death) a Terminal Amyloidosis /Medical Due to (or as a consequence of) Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury Due to (or as a consequence of) Examine Attending Physician: The law requires that the death certificate be executed physicien and the burial-transit that initiated events resulting in death) Last Due to (or as a consequence of) Box 68760, Physician/Medical use as IF FEMALE 23c. If yes, outcome of pregnancy
1 Live birth 2 Fetal death 23d. Date of delivery 23b. Was decedent pregnant 3 ☐ Ectopic pregnancy in the past 12 months? 1 ☐ Yes 2 ☐ No Month Day Year 4☐Pregnant at time of death 5 Other (specify) ed by the e o 9 Unknown 9 Unknown Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? Division of Vital Records, Completed by sign 1 be been signal 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Unknown 24a. Was an 24b. Were autopsy lindings available prior to completion of cause of death? certificate has tirector, page 2 s autopsy performed? 1 🗌 Yes 2□ No 2 No I director, Be 25. Was case referred to medical 26. Place of Death (Check only one) Hospital: 1 Inpatient 2 TEP/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1X Yes 2 No Certification; To 28a. Date of Injury (Month, Day Year) After thi 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending 1 Natural death. investigation 1 ☐ Yes 2 ☐ No tor: 2 Accident 6 Could not be 3 Suicide 28e. Place of Injury - At home, farm, street, lactory, office building, etc. (Specify) Direct 28l. Location (Street and Number or Rural Route Number, City or Town, State) ۵ 4 Homicide hours after ò within 24 hours at To the Funerei Di completely filled in the Hospitei 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated Medical Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one) 29b. Signature and title of certifier. 29c. License number 29d. Date signed (Month, Day, Year) D58376 3 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 1500 Forest Glen Road, Silver Spring, MD 20910 Rachel Vile, M.D. 32 Registrar's Signature 31. Date filed (Month, Day, Year) State 2006 Registrar

			1 - For State Registrar	State of Marylar	nd / Depa	artme <i>rtifica</i>	nt of H te of L	ealth ar D <i>eath</i>	nd Mental I	lygier		6 3	1269
	Physici	an	Decedent's Name (First, Middle, Last)     Joanna Helen Al						2. Date of Month	Г	18, 2006		ne of Death
1	/Medio Examir		4a. Facility Name (If not institution, give s			4b. City	, Town, or	Location of [			c. County of Deat		7:30PM
	Funeral Director		61 Wayside Drive 5. Social Security Number 6. Sex	M 25-F	Yre		1ktor er 1 Year Days	If Under 24	Min. (Month,	Day, Yea	r) Co	untry)	ate or Foreign
	ס		141-28-2575 Usual Residence of Decedent 10a. State 10b. County	100.69	tv. Town or Lo				Sept.	24,	1936 New		
	Maryla -1 ehov fied at	ţō	Maryland Cecil		cton	ocation							e City Limits Yes 2 XNo
	or 28e	Director	10e. Street and Number	LIF	CCOII	10f. Z	p Code			10g. (	Citîzen of What Co	untry?	A
	e 23s	erai	61 Wayside Drive	10 Was Dandort Star in II	10		1921	0.00	2/0		ted Stat		
920	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Importent: If item 27 is marked other then "natural", or iteme 23a or 28e-1 ehow amy injury or other traumatic event. Ite Mudical Exanting must be notified at ance.	by Funerai	11. Marital Status  1 Never Married 2 Married  3 Widowed 4 Divorced	12. Was Decedent Ever in U Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates:		was bed If Yes, sp 1 Tyes	ecify Cubar	Specify:	i? (Specify Yes or Puerto Rican, etc.	No-	14. Race - Ame Black, White Specify: Wh	e, etc.	п,
Maryland 21215-0036	thin 72 ho e. en "natur Medical	Completed	15. Decedent's Educ (Specify only highest grade Elementary/Secondary (0-12)	cation e completed) College (1-4or 5+)	16a. Dece (Give life.	kind of w		uring most of	f working	16b.	Kind of Business/	Industry	
2	iled wi Hygien ther th	Con	12 17. Father's Name (First, Middle, Last)	4	Socia	al Se	rvice		Name (First, Mic		te of Ma	ry1ar	ıd
and	lid be f fental H rked of tic ever	To Be	Unknown						en Snel	оте, мато	an sumame)		
Mary	d 2 shouth and N 7 is maintained		19a. Informant's Name/Relationship (Ty) Charles A. Alfor			•	,		or Rural Route Nu		or Town, State, 2 nd 2192		
Baltimore,	of Heal of Heal filem 2		20a. Method of Disposition 1 🔀 urial 2 Cremation 3 R.	20b. F	Place of Dispo				ptember	-	Location - City or		e
Ē	it. Pag rtment rtent: I		4 □ Donation 5 □ Other (Specify)  21. Signature Funer Service Licenses	Wes	sley Ch			-	2, 2006	E1k	ton, Mar	y1and	L
Ba	Depa Depa Impo any ii		21. Signatur Fuller Service Literate					s of Facility fain Si	Crouch I		al Home East, Ma	rv1ar	d 21901
)	Physician /Medical Examiner		23a. Part 1. Enter the disease accomplic shock, or heart failure. List only on Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions,	Due to (or as a conseq	th. Do not ent		de of dying					Approx Interval Onset	
8760,	cate be executed physicien and the burial-transit	dical Examiner	if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	Due to (or as a conseq									
.O. Box 6	The law requires that the death certifics tie has been signed by the attending phage 2 should be detached for use as it	Physician/Med	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 □ Yes 2 ☑ No 9 □ Unknown	3c. If yes, outcome of pregnation 1 □ Live birth 2 □ Feta 4 □ Pregnant at time of constitutions of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point of the point	Ideath 3	⊒Ectopic p ⊒ Other (s					23d. Date of deli Month	very Day	Year
rds, P	w requires that been signed b should be deta	ρ	Part II. Other significant conditions con	tributing to death but not res	ulting in the u	nderlying	cause give	n in Part I.		id tobacco	use contribute to		of death?
Vital Records,		Completed							p	As an utopsy enformed?	death?	completion	ngs available of cause of
<u> </u>	yeicien: Th is certificate director, pag	) Be	25. Was case referred to medical examiner?  1 Yes 2 No	lospital: 1   Inpatient 2	1500		Othe		Death (Check or				
Division of	Attending Physicien: r death. sctor: After this certific by the funeral director.	ation; To	27. Manner of Death  1 Natural 5 Pending 2 Accident investigation	28a. Date of Injury (Month, Day Year)	28b. Time o Injury		28c. Injury Work	4 LI NUISI			6	city)	
Divis		Certification;	3 Suicide 6 Could not be 4 Homicide determined	28e. Place of Injury - At he building, etc. (Specifical Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of	ome, farm, str	reet, facto	ry, office		28f. Locatio City or	n (Street a Town, Sta	and Number or Ru te)	ral Route I	Vum ber,
	o the Hospital or hithin 24 hours after to the Funeral Dir completely filled in I	edicai	29a. Certifier (Check only one)  1 Certifying Physical Examination (Check only one)	sician: To the best of my knower: On the basis of examination and manner stated.	owledge, deat ation and/or in	h occurred vestigatio	d at the tim n, in my op	e, date and p inion, death	place, and due to occurred at the tin	he cause ne, date a	s) and manner as nd place, and due	stated. to the cau	se(s)
	To the veithin 2 To the complet	Ĭ.	29b. Signature and title of certifier			29	c. License	number		29d. D	ate signed (Month	n, Day, Yea	ur)
			J. Klab	moleted on the of death (*)	n 00c) (T :	Deic 1)	D51	4086	>		1/20/	200	4
	8		Jamil Khatri	mpleted cause of death (Item	High	St	S	e104	EIKT	on,	mo 2	192	
	Sta Registr		31. Date filed (Month, Day, Year) SEP 2 0 2	32. Redistrar's Signa	ature A	food	e e			,			

			1 - For State Registrar	State of M	laryland / Depa Ce	artment of H			~ ~ ~ ~	6	31270
	-		Decedent's Name (First, Middle, Last,	)				2. Date of Dea	th	-	3. Time of Death
	Physici		Russell E. Alexar	nder				Month	er 15, 2	Year OO6	07:30 AM
	/Medic Examin		4a. Fecility Name (If not institution, give		•)	4b. City, Town, or	Location of Death	Берсешь	4c. County of		07.50 111
			Sunbridge Nursing	Center		E1kto	n		Ceci	1	
	Funeral		5. Social Security Number 6. Sec	K 7. A	ge (In yrs. last birthday)	If Under 1 Year Months Days	If Under 24 Hrs. Hours Min.	8. Date of Birth (Month, Day		9. Birthpla	ace (State or Foreign
	Director		324-14-0414	M 2□F	86Yrs.	WOTHIS Days	riouis iviiii.	June 12		Countr Colo	orado
	pug 🖈 ::		Usual Residence of Decedent  10a. State 10b. County		10c. City, Town or Lo	ocation					d, Inside City Limits
	sho	5				Joanon				100	1 ☐ Yes 2 ☒ No
	28a-1	Director	Delaware New Cast  10e. Street and Number	:le	Bear	10f. Zip Code			On Citizen of Mil	- Court	
	with a or							_	Og. Citizen of Wh		
	ns 23	era	7 Amanda Circle	12. Was Deceden	t Ever in U.S. 13.	19701 Was Decedent of His	spanic Origin? (Sr		Jnited S		
Maryland 21215-0036	s 1 and 2 should be filed within 72 hours after death with the Maryland if Health and Mental Hyglene. Itam 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, Ita Madical Examinatinusi be notified at	by Funeral	1 Never Married 21 Married 3 Widowed 4 Divorced	Armed Forces 1 ∑ Yes 2 ☐ If Yes, Give Year or Dates	?Army	If Yes, specify Cubar 1 ☐ Yes 2 ☑ No	Specify:	Rican, etc.)		White, et	tc.
Ö	72 ho	Completed	15. Decedent's Edu (Specify only highest grad		16a. Dece	dent's Usual Occupa kind of work done d	tion		16b. Kind of Busi	ness/Indu	ıstry
21	within 7 ene. than "r	npie	Elementary/Secondary (0-12)	College (1-4or	life.	DO NOT use retired)	uning most of wor	ong			
7	filed with Hyglene. Ather than	Cou	12	2	Dai				Abbott'		iry
nd	be filed tal Hygie d other event, II	Be	17. Father's Name (First, Middle, Last)				18. Mother's Nam	e (First, Middle, I	Maiden Sumame)	1	•
yla	2 should be and Mental Is marked of aumatic ever	ို	Edward Alexand	er			De11a	Woods			
Jar	2 sh and Is m		19a. Informant's Name/Relationship (Ty	pe, Print)	19b. Mailir	ng Address (Street a	nd Number or Rui	al Route Number	, City or Town, Si	ate, Zip C	lode)
d)	s 1 and 2 if Health a itam 27 ls other trai	- 8	Lena Mooney / Dau 20a. Method of Disposition	ghter	20b. Place of Dispo	nda Circl	e-Bear,	Delawar	e 19701	T.	
و	if its		1 StBurial 2 ☐ Cremation 3 ☐ F	lemoval from State	cometant area	natory or other place	y   Sept	ember			
Baltimore,	it. Partmer		' 4 ☐Donation 5 ☐ Other (Specify)  21. Signature of uneral Service Licens	200	Cathedral	Cemetery  Name and Address		2006 V	lilmingto	on, D	elaware
Ba	permit. Pages: Department of H Important: If its any injury or ot						Cr		eral Hor		
			23a. Part1. Enter the disease, or comp	cations that cause	d the death. Do not ent	or the mode of dving	ain Stre	et, Nort	:h East, est.	P	71and21901 Approximate
	W= 1		shock, or heart failure. List only or Immediate Cause (Final	ne cause on each	line.	1.	1			li C	Interval Between Onset and Death
	rnysician /Medical		disease or condition resulting in death)	Due to for a	s a consequence of):	achien	10			_	
	Examiner			12	enal in	c. Khici	encer				
		je	Sequentially list conditions, if any, leading to immediate	Due to (or a	s a consequence of).	(d)	July				
	cuted Id ransit	Examiner	cause. Enter Underlying Cause (Disease or injury that initiated events	<i>,</i>	PO in	ake					
Ó	e exerian ar		resulting in death) Last	Due to (or a	s a consequence of):						
8760,	cate be executed physician and the burial-transit	dical		J	2001.						
9		Mec	IF FEMALE:								
Вох	death certifi e attending id for use as	lan/	23b. Was decedent pregnant in the past 12 months?		2 Fetal death 3	Ectopic pregnancy			23d. Date of Month		y Day Year
0	0 0 0	Physiclan/Me	1 Yes 2 No	4∐Pregnant a 9☐ Unknown	at time of death 5	Other (specify)				_	-,
Δ.	that til ed by detac		Part II. Other significant conditions cor	ntributing to death	but not resulting in the u	nderlying cause give	n in Part I.	23e. Did tot	pacco use contrib	ute to the	cause of death?
Records,	Pe igr	d by			•	, , , , , , , , , , , , , , , , , , , ,				☐ Probab	1_
9	requir been s should	Completed					7. 7.1	24a. Was a	24b W	aro sutons	ou findings quallable
Re	9 4 9	m d						autops perforg	y prid ned? dea	or to compath?	sy findings available pletion of cause of
B	ilcian: Th certificete rector, pag	e Cc	25. Was case referred to medical					1 ☐ Yes /	PHÝO 1		N)
of Vital	Physician: this certific ral director,	o B	avaminar?	lospital: 1	ient 2 ☐ ER/Outpatien	it 3□ DOA Other	26. Place of Deat			/C(-)	
of		Ë	27. Manner of Death	28a. Date of Inj (Month, D		28c. Injury	át		ence 6 Other		
0	Attending For death.  ector: After by the funer.	atio	Natural 5 Pending 2 Accident investigation	(MOnth, D	a <i>y Year)</i> Inju <i>r</i> y	Work' M 1 ☐ Y	es 2 □ No				
Division	after death after death Director: /	tific	3 Suicide 6 Could not be determined	28e. Place of In	ijury - At home, farm, stritc. (Specify)	eet, factory, office		28f. Location (St City or Town	reet and Number	or Rural F	Route Number,
	tal or rs afte af Dir ed in 8	Certification;		Danding, C				ony or row	i, Diale/		
	To the Hospital or At within 24 hours after of To the Funeral Direct completely filled in by	edicai	(Check only 2 Medical Exami	sician: To the besi	of my knowledge, death of examination and/or inv	occurred at the time	e, date and place,	and due to the ca	ause(s) and mann	er as stat	ted.
	the hin 24 the F	Med	one)	and manner s	tated.				,		` '
	To To	~	29b. Signature and title of certifier	$\cap$		29c. License		2	9d. Date signed (	Month, Da	sy, rear)
•				0		00	0631	20	7/15	106	>
	7+1		30. Name and address of person who con the filed (Month, Day, Year)  SEP 2 0 2	mpleted cause of	death (Item 23a) (Type	Print) North	2 87 re	it 87	e 3/3	Ell	kton
	Sta Registr	ite ar	SEP 2 0 2	006 32. Regist	trans Signature	poli				M	11) 2192

			1 - For State Registrar	State of Maryla		artment of rtificate o			I Hygie	ne 200	6	312	271
	Physici /Medio		1. Decedent's Name (First, Middle, Las Edward Amos Blas	· ·				Mo	e of Death nth tembe	Day Yes		Time of D	p M
	Examin		4a. Facility Name (If not institution, give Montgomery Hospic		se	4b. City, Town	n, or Location o	of Death		4c. County of D		omery	7
	Funeral Director		5. Social Security Number 6. S 325-22-8291 1		rs. last birthday) 8 Yrs.	If Under 1 Yes Months Day		Min. 8. Date (Mo	e of Birth nth, Day, Yo 1 25, 1	9. ( 928 I	Birthplace Country) 11in	ois	Foreign
vland	how.		Usual Residence of Decedent  10a. State 10b. County	10c.	City, Town or Lo	ocation						Inside City	
the Ma	28a-1 notifie	recto	Maryland Queen Ar	nne's Ste	vensvil	1e	•		10g	. Citizen of What		1 ☐ Yes 2	2- <b>⊡</b> No
ath with	238 o	rai Di	108 Beachside Dr				21666			,	SA		
1215-0036 within 72 hours after death with the Maryland	and Mantal Hygiene. Is marked other then "natural", or Iteme 23a or 28a-1 ehow aumatic event, the Madical Examiner must be cotified at	d by Funeral Director	11. Marital Status  1 □ Never Married 2 → Married  3 □ Widowed 4 □ Divorced	12. Was Decedent Ever in Armed Forces? 1 (∑Yes 2 □ No If Yes, Give KOYE Year or Dates: Conf	an	Was Decedent of If Yes, specify Ci 1 ☐ Yes 2 ☐ N		gin? (Specify Ye i, Puerto Rican, e	s or No- atc.)	14. Race - A Black, W SpecifyWh	hite, etc.	ndian,	
21215-0036 d within 72 hours at	n "natu Madical	Be Completed	15. Decedent's Ed (Specify only highest gra Elementary/Secondary (0-12)	lucation de completed) College (1-4or 5+)	16a. Dece (Give life.	dent's Usual Occ kind of work do DO NOT use ret	cupation ne during most ired)	t of working	16	b. Kind of Busine	ss/Indust	ry	
N g	Hygiene other the	Com	12 17. Father's Name (First, Middle, Last)	College (1-40/ 3+)	Manuf	acturer		ributor	Middle Mai	Wind	ow Pa	arts	
Maryland	Mental I	To Be	Calib Brazil Bla	ine			10.100010			oigail	Gumm		
	of Health and Menitem 27 is marker other traumatic		19a. Informant's Name/Relationship (1 Margaret Marie B]	* * * * * * * * * * * * * * * * * * * *						ity or Town, State Le, MD 2		de)	
Θ -	nent of Health int: If Item 27 iry or other tra		20a. Method of Disposition 1 ☐ Burial 2 【★Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify	Removal from State	cemetery, crei	osition (Name of matory or other p an Cremato	. 15	Date ept. 2] 2006		c. Location - City			
	Department of important: If if eny injury or conce.		21. Signature of Funeral Service Licen	I Cole				ins Fune	eral F	Home Inc		- <del>-</del>	
E	hysicien and wine burial-transit was the burial-transit was the burial-transit was the burial transit was the buri	licai Examiner	shock, or heart failure. List only immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	b. Due to (or as a cons  Due to (or as a cons  Due to (or as a cons  Due to (or as a cons  d.	equence of):							erval Betwe	
ecords, P.O. Box 68760, aw requires that the death certificate be executed	by the attending phatached for use as the	Physician/Med	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 □ Yes 2 □ No 9 □ Unknown	23c. If yes, outcome of pre 1 □ Live birth 2 □ Fi 4 □ Pregnant at time o 9 □ Unknown	etal death 3	Ectopic pregnar Other (specify)				23d. Date of o	delivery Day	Ye	ar
dS, P	signed b	by	Part II. Other significant conditions of	ontributing to death but not r	esulting in the u	nderlying cause	given in Part I.	236		co use contribute			
r e	page page	Completed							. Was an autopsy performed	24b. Were prior to death	autopsy f	findings av tion of cau	railable
Or Attending Physician:	ath. r: After this certificel e funeral director, p	ation; To Be	25. Was case referred to medical examiner?  1 ☐ Yes 2 ☑ No  27. Manner of Death  1 ☑ Natural 5 ☐ Pending 2 ☐ Accident investigation	Hospital: 1 Inpatient 2  28a. Date of Injury (Month, Day Year,		28c. In W	Other: 4 🗆 Nui	28d. Des	Residence	e 6. € Other (Sinjury occurred	pecify)	Hosp	ice
DIVISION al or Attending	s after death.	Certification;	3 Suicide 6 Could not be 4 Homicide determined	28e. Place of Injury - Al building, etc. (Spe	t home, farm, str cify)	eet, factory, offic	ө		ation (Stree or Town, S	t and Number or tate)	Rural Ro	ute Numbe	er,
Hospital	Funer Funer tely fill	edicai (	29a. Certifier 1 Certifying Ph (Check only one) 2 Medical Exam	ysician: To the best of my kiner: On the basis of examinand manner stated.	nowledge, death ination and/or in	n occurred at the vestigation, in my	time, date and opinion, deat	d place, and due h occurred at the	to the cause time, date	e(s) and manner and place, and d	as stated ue to the	l. cause(s)	
To the		Me	29b. Signature and title of certifier	n Dillie			nse number		29d.	Date signed (Mo			205
10	)+1		30. Name and address of person who conthia Williams,	completed cause of death (I	tem 23a) (Type,	Print)	0580 Road.	32 Rockvill	e. MD	Septeml	oer l	17, 20	006
	Sta Registr		31. Date filed (Month, Day, Year)	32 Règistrar's Sig					, FID				

State of Maryland / Department of Health and Mental Hygiene 2005 Certificate of Death

2. Date of Death

31272

3. Time of Death

**Funeral** Director

permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylan Department of Health and Mental Hygiene.
Important: if item 27 is marked other than "naturel", or itema 23s or 28e-f ehow any Injury or other traumatic event, the Myolcal Examiner rount be motified at once.

Baltimore, Maryland 21215-0036

**Physician** /Medical Examiner

After this certificate has been signed by the attending physicien and inneral director, page 2 should be detached for use as the burial-transit To the Hospital or Attending Physician: The law within 24 hours after death.

To the Funeral Director: After this certificate has a completely filled in by the funeral director, page 2.6

Division of Vital Records, P.O. Box 68760,

Elaine K. Bailey						S	Septemb	er ^{Day} 18,	2006	1:50	Рм
4a. Facility Name (If not institution, give s	treet and number)			ty, Town, or		f Death		4c. Cou	nty of Death		
Casey House				kville				Mont	gomery	У	
5. Social Security Number 6. Sex 257-60-5421	7. Age (I	n yrs. last birtho	Month	der 1 Year ns Days	If Under 2 Hours	Min. J	B. Date of Bird (Month, Da uly 25	y, Year) 1938	9. Birtho Cour Geor	place (State of etry) 31a	or Foreign
Usuel Residence of Decedent  10a, State 10b, County	10	Dc. City, Town o	or Location						1	0d. Inside C	tity Limits
Maryland Montgomery		Boyds	. Lood(ioi)								2 ☐XNo
10e. Street and Number		oyus	106	Zip Code			<del></del>	10a Citizen	of What Cour	atn/2	
19035 Festival Driv	e			841				USA	or writat Cour	ittyr	
	2. Was Decedent Eve	or in U.S.	13. Was Dec	cedent of Hi	spanic Origi	in? (Spec	fy Yes or No	- 14. F	Race - Americ	an Indian,	
1 ☐ Never Married 2 ☐ Married 3 ☐ Widowed 4 🕅 Divorced	Armed Forces? 1 ☐ Yes 2 XNo If Yes, Give Year or Dates:			pecify Cubai 2. No	Specify:	, Puerto Ri	ican, etc.)		Black, White, I ^{icify:} Whit		
15. Decedent's Educ		16a. D	ecedent's Us	sual Occuna	ition				f Business/Inc		
(Specify only highest grade	completed)	(0	Give kind of vide. DO NOT	work done d	uring most	of working	7			333117	
Elementary/Secondary (0-12)	Cotlege (1-4or 5+)	Cust	comer	Servi	ce Rep	р.		Utilit	y Comp	pany	
17. Father's Name (First, Middle, Last) Joel Stanford Kee	-						First, Middle, Bond	Maiden Sum	name)		
19a. Informant's Name/Relationship (Typ	e, Print)	19b. M	Mailing Addre	ess (Street a	nd Number	r or Rural	Route Numbe	er, City or To	wn, State, Zip	Code)	
Adam C. Bailey/son		190	)35 Fe	stiva	l Dr.	Boyd	ls, MD	20841			
20a. Method of Disposition  1 ☐ Burial 2 ☐ Cremation 3 ☐ Re 4 ☐ Donation 5 ☐ Other (Specify)		20b. Place of D cemetery, Chesape	crematory of	r other place	ory   (	Da 09/19			on - City or To		
23a. Part1. Enter the disease, or complic shock, or heart failure. List only one Immediate Cause (Final disease or condition resulting in death)	ations that caused the cause on each line.  End stage Due to (or as a co	e Renal onsequence of) Mellitu	Bever to enter the m  Disea  :	1y L. ode of dying	Heckr	rotte	Servi	_Clark			te tween
Sequentially list conditions, if any, leading to minediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	Diabetic Due to (or as a co	Ne hro	athy								
IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 □ Yes 2 □ No 9 □ Unknown	dc. If yes, outcome of p 1 ☐ Live birth 2 ☐ 4 ☐ Pregnant at tim 9 ☐ Unknown	Fetal death	3 □Ectopic 5 □ Other (						Date of delive M <i>on</i> th	_	Year
Part II. Other significant conditions cont	ributing to death but n	ot resulting in th	ne underlying	g cause give	n in Part I.			obaccousec ∕es 2√∑No	ontribute to th		death? Unknown
							24a. Was autop perto	an 24 psy rmed?	b. Were auto	npletion of c	available ause of
25. Was case referred to medical					26. Place of	of Death	1 □ Yes Check only o	2⊈No ⊓e	103	EL 140	
examiner? 1 ☐ Yes 2 🛣 No Ho	ospital:	2 ER/Outpa	atient 3 🗆 [	DOA Othe			9 5 ☐ Resid		Other (Specifi	) hosp	ice
27. Manner of Death 1 ☑Naturat 5 ☐ Pending 2 ☐ Accident investigation	28a. Date of Injury (Month, Day Ye	28b. Tim	ne of	28c. Injury Work	at ? ′es 2 □ N	28	d. Describe h			. по <u>в</u> ћ	105
3 ☐ Suicide 6 ☐ Could not be 4 ☐ Homicide determined	28e. Place of Injury building, etc. (5	- At home, farm Specify)	, street, facto	ory, office		28	If. Location (S City or Tox	Street and Nu vn, State)	mber or Rura	l Route Num	ıber,
29a. Certifier 1  Certifying Physic (Check only one) 2  Medical Examin	ician: To the best of m er: On the basis of ex and manner stated	amination and/o	death occurre or investigation	ed at the tim on, in my op	e, date and inion, death	I place, an	d due to the d	cause(s) and date and plac	manner as st	ated. the cause(s	i)
29b. Signature and title of certifier	Willia.	mo Bo		9c. License	number 580.	32			ned (Month,		
30. Name and address of person who con											
Cynthia M. Williams 31. Date filed (Month, Day, Year)	D.O. 600 32. Registrar's	1 Munca Signature	aster	Mill I	Rd. Ro	ockvi	11e, M	D 2085	55		

State

Registrar

SEP 2 0 2006

State of Maryland / Department of Health and Mental Hygiene 2006 Certificate of Death Reg. No. 2. Date of Death 3. Time of Death 1. Decedent's Name (First, Middle, Last) September 15, 2006 Physician Elizabeth Bessie Booker 10:00 /Medical 4c. County of Death 4a. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death **Examiner** Chestertown Nursing & Rehabilitation Chestertown If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 02/21/1903 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) 5. Social Security Number **Funeral** 1 □ M 2 🗗 F 103 217-48-3703 MD Director Usual Residence of Decedent death with the Maryland 10d. Inside City Limits 10a. State 10b. County 10c. City, Town or Location Show s 23a or 28a-f shov ust be notified at 1 ves 2 □ No MD Kent Chestertown Director 10g. Citizen of What Country? 10e. Street and Number 10f. Zip Code 415 Morgnec Road 21620 USA Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 12. Was Decedent Ever in U.S. Armed Forces? or Items 11. Marital Status the Medical Examiner: filed within 72 hours after 1 ☐ Yes 2 X No If Yes, Give Year or Dates: 1 X Never Married 2 Married Baltimore, Maryland 21215-0036 White 1 ☐ Yes 2 No Specify: ģ 3 Widowed 4 Divorced "natural', Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b Kind of Business/Industry Elementary/Secondary (0-12) Pages 1 and 2 should be filed within nent of Health and Mental Hygiene. ant: If item 27 is marked other than College (1-4or 5+) Care Giver Health Care 18. Mother's Name (First, Middle, Maiden Sumame) 17. Father's Name (First, Middle, Last) Emma Jarman Howard Booker 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) 1519 Goldsboro Road, Ingleside, MD 21644 Betty Ann Coleman/friend 20b. Place of Disposition (Name of cemetery, crematory or other place) Date 20c. Location - City or Town, State 20a. Method of Disposition Important: If it any injury or o once. 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State permit. Page Department Sudlersville Cemetery 09/19/2006 Sudlersville, MD 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 22. Name and Address of Facility Fellows, Helfenbein and Newnam Funeral Home 130 Speer Road, Chestertown, MD 21620 serve 23 art1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) Hzhaimer **Physician** /Medical **Examiner** Sequentially list conditions, Dualto for as a consequence off Examiner t any, leading to immedicause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last The law requires that the death certificate be executed and '-trans Due to (or as a consequence of): the attending physician a hed for use as the burial-Division of Vital Records, P.O. Box 68760, Physician/Medical IF FEMALE: 23c. If yes, outcome of pregnancy 1 ☐ Live birth 2 ☐ Fetal de 23d. Date of delivery 23b. Was decedent pregnant 2 Fetal death 3 Ectopic pregnancy in the past 12 menths? 1 ☐ Yes 2 ☑ No Dav Year Month 4 Pregnant at time of death 5 Other (specify) 9 Unknown signed by 23e. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. þ pe ANCER 3 Probably 4 Unknown Completed been 24b. Were autopsy findings available prior to completion of cause of death?

1 ☐ Yes 2 ☐ No 24a Was an has autopsy performed? page Parkinso After this certificate 2 No 1 ☐ Yes or Attending Physician: 25. Was case referred to medical 26. Place of Death (Check only one) Be examiner? Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient Other: 1 Yes 2 14 No 4 Nursing Home 5 Residence 6 Other (Specify) 3□ DOA Certification: To 28c. Injury at Work? 28a. Date of Injury (Month, Day Year) 27. Manner-of Death 28b. Time of 28d. Describe how injury occurred Injury 1 Natural 5 Pending 1 ☐ Yes 2 ☐ No investigation within 24 hours after death To the Funeral Director: 2 Accident in by the 6 Could not be determined 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide To the Hospital 🔟 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated 29a. Certifier Medical 2 Medical Exeminer: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one) 29d. Date signed (Month, Day, Year) 29b. Signature and title of cer 29c. License number 58826 Name and address of person who completed cause of death (Item 23a) (Type, Print) Kayl A. Donaher 119C N. Main St baleng MD MD 31. Date filed (Month, Day, Year) 32. Registrar's Signature State 2006 Registrar

Please Type or Print in Black Indelible Ink. Ensure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death Day Month **Physician** September 12, 2006 8:02 PM Francis J. Bohlman /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Anne Arundel Medical Center Anne Arundel Annapolis If Under 1 Year | If Under 24 Hrs. Months Days Hours Min. Birthplace (State or Foreign Country) 8. Date of Birth (Month, Day, Year) 5/7/1932 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** 1**X**XM 2□ F Director Massachusetts 026-24-9623 Usual Residence of Decedent the Maryland 10a State 10c. City. Town or Location 10b. County 10d. Inside City Limits if Health and Mental Hygiene. Item 27 Is marked other than "natural", or Iteme 23a or 28a-f ehow other traumatic event, the Medical Expanding must be multiled at 1 Yes 2 No Stevensville Maryland Directo Queen Anne's 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21666 200 Terrapin Grove, Apt. 107 USA 12. Was Decedent Ever in U.S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. filed within 72 hours after 1XXYes 2□No ITYès, Give Year or Oates: 1952-54 1 Never Married 2 Married Baltimore, Maryland 21215-0036 1 ☐ Yes 2 ☐ No Specify: White þ 3 ☐ Widowed 4 ☐ Divorced Specify: Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Contractor Construction 8 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Pages 1 and 2 should be Edward Bohlman Ethel Wallace 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) Vicki L. Henry/ Daughter 457 Penwood Drive, Edgewater, MD 21037 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Department of Himportant: If Ite eny Injury or ot once. 1 Burial 2XXCremation 3 Removal from State Kalas Crematory 9-15-06 Edgewater, MD 4 ☐ Donation 5 ☐ Other (Specify) 21. Signatura Fuheral ervice Licensee 22. Name and Address of Facility George P. Kalas Funeral Home 2973 Solomons Island Rd. Edgewater, MD 21037 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) **Physician** /Medical Due to (or as a consequence of): Examiner Sequentially list conditions, fary leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to or as a consequence of Examiner The law requires that the death certificate be executed physicien and the burial-transit Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical for use as IF FEMALE: 23d. Date of delivery 23b. Was decedent pregnant 3 Ectopic pregnancy 1 Live birth 2 Fetal death in the past 12 months? 1 ☐ Yes 2 ☐ No Month Day 4☐Pregnant at time of death 5 Other (specify) 9□ Unknown 9 Unknown Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? Completed by 2 🗆 No 1 Yes 3 Probably 4 Unknown certificete hes been si irector, page 2 should I 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 1 Yes 2 No Hospital or Attending Physicien: 24 hours after death.
• Funerel Director: After this certific stely filled in by the funeral director. Be 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Hospital: 1 matient Other: 4 \(\) Nursing Home 5 \(\) Residence 6 \(\)Other (Specify) 1 ☐ Yes 2 ဥ 2 ER/Outpatient 3 DOA 28a. Date of Injury (Month, Day Year) 28b. Time of Injury 27. Manner of Death 28d. Describe how injury occurred Certification: 28c. Injury at Work? INatural 5 Pending investigation м 1 ☐ Yes 2 ☐ No 2 Accident 6 ☐ Could not be 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) determined 4 - Homicide

State Registrar

Medicai

29a. Certifier

29b. Signature and title of certifier

31. Date filed (Month, Day, Year) **SEP 1 8 2006** 

100



and manner stated.

30. Name and address of person who completed cause of death (Item 20a) (Type, Print)

within 24 hou To the Fune completely fi

To the

Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s)

29c. License number

29d. Date signed (Month, [Dey, Year)

		For State Registrar	State o	f Maryland		artment of H			jiene 1eg. No. 2	กกร	31275
		Decedent's Name (First, Middle, L.	.ast)					2. Date of Dea Month	th Day	Year	3. Time of Death
Physic /Med		BARBARA	ANN	BRYAN				Septumber	x 23	2006	21:51 M
Exami	ner	4a. Facility Name (If not institution, g	,		al	4b. City, Town, or	Location of Dea	th	4c. Cou	inty of Death	ins
		FUNISHIA SUGIONA 5. Social Security Number 6.		7. Age (In yrs. I	ast birthday)	If Under 1 Year	If Under 24 Hrs	s. 8. Date of Birth	1	9. Birtho	place (State or Foreign
Funeral  Director		202-22-2722	1 ☐ M 2 ☐XF	77	Yrs.	Months Days	Hours Min	s. 8. Date of Birth (Month, Day June 11	, Year) , 1929	Cour	sylvania
<b>P</b>		Usual Residence of Decedent		10.00	. Town or Lo						
shov	5	10a. State 10b. County		Toc. City	, TOWN OF LO	ocation					1 ☐ Yes 2 No
the M	Director	Maryland Some	rset			10f. Zip Code	Crisfie		10a. Citizen	of What Cou	ntry?
3a or	0	5207 S. Pomfrett	Road				21817			USA	
filed within 72 hours after deeth with the Maryland Hygiene. ther than "natural", or items 23s or 28s-f show ent, the Medical Examinat must be notified at	Funeral	11. Marital Status	12. Was Dece	edent Ever in U.S	S. 13.	Was Decedent of H If Yes, specify Cuba	ispanic Origin? (	Specify Yes or No-		Race - Americ	
or its	F	1 Never Married 2 Married		2 X No		1 ☐ Yes 2XXNo	Specify:	no mozn, etc.,		.,	
hours tural',	d by	3 ☑ Widowed 4 ☐ Divorced  15. Decedent's		ates:		dent's Usual Occup	ntion	1		f Business/In	ite
in 72 inal	Completed	(Specify onfy highest of	grade completed)		(Give	kind of work done of DO NOT use retired	during most of wo	orking	100. Kind o	i Dusilless/III	dustry
d with Siene.	E	Elementary/Secondary (0-12)	College (1	1-40r 5+)		Operator	2		Tel	ephone	e Company
at Hy t other	Be	17. Father's Name (First, Middle, La	st)					ame (First, Middle,		name)	
should be nd Mental marked o	2	Robert F. Cochr						a Johnsor			
12 sh h and 7 is m traum		19a. Informant's Name/Relationship				ng Address <i>(Street)</i> Barringto					
permit. Pages 1 and 2 should be filed within 72 hours after deeth with the Marylan Deperment of Heelth and Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23s or 28s-f show any injury or other traumatic event, tra Medical Examinat must be notified at once.		Rick Bryan (Step	-Son)	20b. PI	lace of Dispo	osition (Name of				on - City or To	
Pages nent of I int: if its ury or o		1XXBurial 2 ☐ Cremation 3 4 ☐ Donation 5 ☐ Other (Spec		State	-	matory or other place Cemetery					Maryland
permit. P Depertme Importan any injur		21. Signature of Funeral Service Lig		- Lay	1 2	2 Name and Address	o of Equilibr				
Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Depermine Deperm		Mary Beth Bra	dshaw-Pr	altil	( ]	Bradshaw 8	& Sons E in Stree	uneral Ho t - Crist	ome field,	Marvl	and 21817
		23a. Part1. Enter the disease, or co shock, or heart failure. List on	mplications that c	aused the death		ter the mode of dyin	g, such as cardia	ac or respiratory arr	est,		Approximate Interval Between
Pnysician		Immediate Cause (Final disease or condition	.31		OBSTR	WANT 1	PULMOI	VARY DI	SEAS	SE	Onset and Death
/Medical Examiner	ı	resulting in death)	Due to	or as a consequ	ience of):	arter.	N. C.A.C.	uary Di E			
	-	Sequentially list conditions, if any, leading to immediate	b. Due to	(or as a consequ	y /l	racry 1	NJEAS	2			
ted f insit	Examiner	Cause (Disease or injury		(							
exect an and rial-tra		that initiated events resulting in death) Last	C. Due to (	(or as a consequ	ience of):						_
The law requires that the death certificate be executed ate has been signed by the attending physicien and page 2 should be detached for use as the burial-transit	dical		d								
entifica ling pl	Med	IF FEMALE:	02- 14								
attenc for us	Physician/Me	23b. Was decedent pregnant in the past 12 months?	1☐Live b	tcome of pregnar birth 2 ☐ Fetal rant at time of de	death 3[	Ectopic pregnancy Other (specify)				Date of delive Month	ery Day Year
the de	yslo	1 □ Yes 2 ▼No 9 □ Unknown	9□ Unkno		5au 5 [						
wrequires that the death certific been signed by the attending p should be detached for use as	by Pt	Part II. Other significant conditions	contributing to de	eath but not resu	ılting in the u	inderlying cause give	en in Part I.	23e. Did to	bacco use c	contribute to t	he cause of death?
quire en sig nutd b	ed b							1 □ Y	es 2□No	o 3 ☐ Prot	oably 4 Qunknown
law re as bee 2 sho	Completed							24a. Was a	an 24	b. Were auto	psy findings available mpletion of cause of
The ate ha	E S							perfor 1 ☐ Yes	med? 2.2 No	death? 1 ☐ Yes	
cian: ertific actor,	Be (	25. Was case referred to medical examiner?	Han-itali a			100		eath (Check only or	1e)		
Physi this c	2	1 ☐ Yes 2 No 27. Manner of Death	Hospital: 1XII		ER/Outpatie		4 🗀 Nursing	Home 5 Resid			(y)
ding h. After tuner	tion	1X Natural 5 ☐ Pending	(Мол	th, Day Year)	Injury	Worl	yat k? Yes 2 □ No	26d. Describe fil	ow injury occ	canea	
Atten r deat ector: by the	fica	3 ☐ Suicide 6 ☐ Could not	be 28e. Place	of Injury - At ho	me, farm, st	reet, factory, office		28f. Location (S	treet and Nu	umber or Rura	al Route Number,
s afte	Certification:	4 Homicide	buildi	ng, etc." <i>(Specif</i> y	"			City or Tow	n, State)		
To the Hospital or Attending Physician: The law within 24 hours after death.  To the Funeral Director: After this certificate has completely filled in by the funeral director, page 2	edical (	29a. Certifier Check only 2 Medical Ex	aminer: On the ba	best of my know asis of examinat ner stated.	wiedge, deat ion and/or in	th occurred at the tin evestigation, in my o	ne, date and place pinion, death occ	e, and due to the courred at the time, o	ause(s) and late and plac	manner as s	tated. the cause(s)
To the Mithin To the	₩.	29b. Signature and little of certifier	3			29c. Licens	e number	2	29d. Date sig	ned (Month,	Day, Year)
		Vent 8	wells	Xm		74	4534		9/	23/04	
		30. Name and address of person wh					,	uch.		-	
		KURT 2 NEH	PESE 32.	201 P	INC S	Bluff K	D 5A	1354mg 11	10 %	2/80/	
St Regis	ate trar	31. Dáte filed (Month, Day, Year)  SFP 2 5	2006	20/ Pages Page 1	M.	hast.					
- 16		STY 4 A	/ ZUUU 2		A.F						

Please Type or Print in Black Indelible Ink. Ensure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene > 31276 Amend item State #5 per FH/9-19-06/wichd/dls Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Day **Physician** Year 1431 M September 13, 2006 Marie Hobbs Brittingham /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Berlin Worcester Atlantic General Hospital 5. Social Security Number 2470 215-20-<del>2470</del> If Under 1 Year If Under 24 Hrs.

Months Days Hours Min. 9. Birthplace (State or Foreign Country) Maryland 6. Sex 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) **Funeral** 1 ☐ M 2 🖾 F Yrs. **Director** 97 1909 August Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits r then "naturel", or items 23e or 28a-f show the Medical Examiner must be notified at 1 Yes 2 No MD Worcester Berlin Direct 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 10423 Trappe Road 21811 USA Funerai 12. Was Decedent Ever in U.S. Armed Forces? 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black. White, etc. 1 Yes 2 No If Yes, Give Year or Dates: 1 Never Married 2 Married 1 Yes 2 No Specify: Black þ 3 Widowed 4 □ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry and Mental Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) 7th Domestic House-Keeping 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be 2 should be f and Mental F ages 1 and 2 should b nt of Health and Ment: it if item 27 is marked Robert W. Corbin Lula Coston 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Peggy Hobbs/Daughter 10423 Trappe Road - Berlin, Maryland 21811 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State permit. Page Department of importent: if any injury or * 4 ☐ Donation 5 ☐ Other (Specify) Sept. 19, 2006 Berlin, Maryland St. Paul UMC Cemetery 21. Signature of Funeral Service Licensee 22. Name and Address of Facility 1213 Jersey Road 21801 Jolley Memorial Chapel - Salisbury, Maryland orella 23a. Part 1. Per the disease, or complications that caus shock, or heart failure. List only the cause on each complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) **Physician** Due to (or as a consequence of): Kno. /Medical **Examiner** Coronary Artery Disease Un Keron Sacuentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events Due to (or as a consequence of): burial-transit certificate be executed signed by the attending physician and does detached for use as the burial-tran resulting in death) Last Due to (or as a consequence of) Physician/Medical 23c. If yes, outcome of pregnancy 1 Live birth 2 Fetal death 23b. Was decedent pregnant in the past 12 months? 23d. Date of delivery 3 Ectopic pregnancy Month Day Year 4 Pregnant at time of death 5 Other (specify) 1 ☐ Yes 2 No 9 Unknown 9 Unknown Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? þ 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 💆 Unknown Completed 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? this certificate 1 ☐ Yes 2 ☑ No 1 🗌 Yes 2 No Physician: 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 No funeral 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28c. Injury at Work? Certification: 28d. Describe how injury occurred After 1 Natural 5 Pending r death. 1 ☐ Yes 2 ☐ No 2 Accident within 24 hours after death To the Funerei Director: filled in by the 6 Could not be 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide ŏ 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical (Check only one) 29c. License number 29b. Signature and title of certifier 29d. Date signed (Month, Day, Year) D48130 JEffrey Thomas Greenwood, M.D. 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

State Registrar

SEP 1 9 2006

31. Date filed (Month, Day, Year)



And .

Maryland 21215-0036

Baltimore,

1431

9/13/06

Box (

O.

۵.

Records,

Vital

Division of

213

State of Maryland / Department of Health and Mental Hygiene, Certificate of Death 2. Date of Death 1. Decedent's Name (First, Middle, Last) **Physician** JDA M. 14 2006 STEPHANIE COTTON /Medical 4a. Facility Name (If not institution, give street and number) 4c. County of Death 4b. City, Town, or Location of Death Examiner ANNE ARUNDEL GLENBURNIE BALTIMORE WASHINGTON MEDICAL CENTER If Under 1 Year | If Under 24 Hrs. | Months | Days | Hours | Min. 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, AUGUST 9. Birthplace (State or Foreign **Funeral** 1 □ M 2 🛱 F 29 1946 TRINIDAD Director 218-66-9324 60 Usual Residence of Decedent 10a. State 10c. City, Town or Location 10d. Inside City Limits ir then "naturel", or Items 23a or 28e-f show the Medical Examinar must be notified at 1X Yes 2 □ No Director MD PRINCE GEORGE'S **LARGO** 10e. Street and Number 10f. Zip Code 10g, Citizen of What Country? WEST INDIES 20774 9717 TEAKWOOD DRIVE Funeral 12. Was Decedent Ever in U.S. Armed Forces?

1 ☐ Yes 2 ☑ No
If Yes, Give
Year or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, 11. Marital Status Black, White, etc. filed within 72 hours after 1 Never Married 2 Married BLACK 1 Yes 2 No Specify: Specify þ 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry other then Elementary/Secondary (0-12) College (1-4or 5+) PRIVATE REGISTERED NURSE 2 yrs Maryland 17. Father's Name (First, Middle, Last) 18 Mother's Name (First, Middle, Maiden Sumame) Be and Mental CHRISTINE TOUSSAINT LUCIEN COTTON 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 11006 BALDWIN DRIVE HAGERSTOWN, MARYLAND 21742 19a. Informant's Name/Relationship (Type, Print) If item 27 is IAN SEBRIGHT/NEPHEW Health Baltimore, 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State Pages 1 nent of H 1 XBurial 2 ☐ Cremation 3 ☐ Removal from State ä 9/20/2006 LANDOVER, MARYLAND HARMONY CEMETERY * 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licenses 22. Name and Address of Facility J. B. JENKINS FUNERAL HOME 7474 LANDOVER ROAD LANDOVER, MARYLAND 23a. Part1. Enter the disease, or emplications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) Physician Comes /Medical Due to (or as a consequence of): Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of) The law requires that the death certificate be executed attending physician and for use as the burial-tran Due to (or as a consequence of) Box 68760. Physician/Medical IF FEMALE 23c. If yes, outcome of pregnancy 1 ☐ Live birth 2 ☐ Fetal death 23d. Date of delivery 23b. Was decedent pregnant 3 DEctopic pregnancy in the past 12 months? 1 ☐ Yes 2 ☐ No Month Day Year 4□Pregnant at time of death 5 Other (specify) Ö detached 9 Unknown 9 Unknown ģ Division of Vital Records, P. signed b Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? þ 2 No 3 Probably Completed 24a. Was an 24b. Were autopsy findings available prior to completion of cause of death? has autopsy performed? Ves 2 No certificate 20 No 1 TYes 1 ☐ Yes 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Hospital: Inpatient Other: 2 No 2 1 🗌 Yes 2 ER/Outpatient 3 DOA 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) this After thi 27. Manner of Death
Natural
Accident ate of Injury (Month, Day Year) 28c. Injury at Work? 28b. Time of 28d. Describe how injury occurred Certification: 5 Pending investigation death, 1 ☐ Yes 2 ☐ No I Director: 6 Could not be 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number City or Town, State) determined 4 T Homicide hours o the Funerel 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical 29b. Signature and title of certifier s of person who completed cause of death (Item 23a) (Type, Print) iled (Month, Day, State Registrar 2006

	,	Please 1  1 - State Registrar	State of Maryland / De		lealth and N	lental Hvqi		31279
Physic /Medi		1. Decedent's Name (First, Middle, Last, Jack M. Cooper,	_			2. Date of Death	Day Year er 15, 2006	3. Time of Death 11:00 P ^M
Exami	ner	4a. Facility Name (If not institution, give Charlotte Hall Veter 5. Social Security Number 6. Se	ans Home 7. Age (In yrs. last birtho	Charlotte		8. Date of Birth (Month, Day,	4c. County of Death  St. Mary's  9. Birth  Cou	place (State or Foreign
Director		Usual Residence of Decedent	2□F 79 Yrs	3.	Tiours with	July 7, 1	927	Illinois  10d. Inside City Limits
e Marylar Sa-f show	ctor	Maryland St. Mary	's Charl	otte Hall				1 □ Yes 💥 No
th with th	al Director	10e. Street and Number 29449 Charlotte Hall		10f. Zip Code 2062			usA	
be filed within 72 hours after death with the Maryland Ital Hygiene. Id Hygiene. Id other than "natural", or Items 23a or 28a-f show event, the Modical Examiner must be notified at	by Funeral	11. Marital Status  1 Never Married 2 Married  3 Widowed 4 Divorced	12. Was Decedent Ever in U.S. Armed Forces?  1XXYes 2 □ No If Yes, Give Year or Dates: 1906	13. Was Decedent of H If Yes, specify Cub 1 ☐ Yes 2012 No		ecify Yes or No- Rican, etc.)	14. Race - Amer Black, White Specify: W	
vithin 72 houndle.	Completed by	15. Decedent's Edu (Specify only highest grad Elementary/Secondary (0-12)	cation (6 completed) 16a. D	ecedent's Usual Occup Give kind of work done fe. DO NOT use retire	during most of world)		Dotto:1	ndustry
m = 0 %	To Be Co	12 17. Father's Name (First, Middle, Last) James M. Co	oper	quor Store M		Mae Fow	Retail Maiden Sumame) Vler	
s, IVICIT YIC and 2 should ealth and Men m 27 is marke		19a. Informant's Name/Relationship (T)  Jack M. Cooper Jr. /	Son 101	OO LeFevre D	rive Chalte	thom . Mary	City or Town, State, Z	
parmit. Pages 1 and 2 should by permit. Pages 1 and 2 should by Department of Health and Menta Important: if Itam 27 is marked any injury or other treumatic ence.		20a. Method of Disposition  1XXBurial 2 Cremation 3 1  4 Donation Other (Specify, 21. Signature of Funeral Service License)	Maryland	isposition (Name of crematory or other pla Veterans Cer 22. Name and Addre	netery 09/20	0/2006	heltenham, Ma Las Funeral Ho	aryland
Dermi permi Depa Impo any ii		23a. art1 5 fter the disease, or composhock, or heart failure. List only of	lications that caused the death. Do no	6160 Oxon I t enter the mode of dyi	Hill Road O	ron Hill. N	farvland 201	
Physician /Medica Examine		Immediate Cause (Final disease or condition resulting in death)	a. EMPHYSEMA  Due to (or as a consequence of)  HYPOTHYROIDI					
If OU, te be executed sysician and te burial-transit	Ical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	b. Due to (or as a consequence of) c. HYPERTENSION Due to (or as a consequence of) d.	:				
The law requires that the death certificate are bas been signed by the attending physpage 2 should be detached for use as the	Physician/Medi	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 □ Yes 2 □ No 9 □ Unknown	23c. If yes, outcome of pregnancy 1 Live birth 2 Fetal death 4 Pregnant at time of death 9 Unknown	3 □Ectopic pregnanc 5 □ Other (specify) _	y .		23d. Date of deli Month	very Day Year
usines that n signed build be deta	5	Part II. Other significant conditions of	ontributing to death but not resulting in t	he underlying cause gi	iven in Part I.		oacco use contribute to es 2 □ No 3 □ Pro	the cause of death?
	Completed					24a. Was a autops perform 1 Yes X	y prior to death?	topsy findings available completion of cause of
VICEL IN rsician: Th s certificate lirector, pag	o Be	25. Was case referred to medical examiner? 1 ☐ Yes 2 ☒ No	Hospital: 1 ☐ Inpatient 2 ☐ ER/Outp	patient 3 DOA Ot	her	th <i>Check only on</i>	e) ence 6 □Other (Spec	cify)
DIVISION OF VITAL  To the Hospitel or Attending Physician: within 24 hours after death.  To the Funeral Director: After this certifical completely filled in by the funeral director,	I			ury Wo	ork? ]Yes 2 □ No		ow injury occurred	
Hospitel or Atte Hospitel or Atte Hours after de Funeral Directe	Certification:		building, etc. (Specify)	•		City or Town		
Hospitel     24 hours a     Funeral setaly filled	Medical	29a. Certifier 1 Certifying Ph (Check only one) 2 Medical Exam	ysician: To the best of my knowledge, hiner: On the basis of examination and and manner stated.	death occurred at the to for investigation, in my	opinion, death occu	rred at the time, d	ause(s) and manner as ate and place, and due	to the cause(s)
To the Parties of the Land Complete	Z				ise number		9d. Date signed (Monti	
(5)		30. Name and address of person who	completed cause of death (Item 23a) (T	ype, Print)	060 120		9/16/06 rick, MD	
J.C.	tate	Ahmal W. Ha	32. Registrar's Signature	spital Ro	d princ	e Frede	uck, m b	20678
Regis	itate	11120 4	and the land	•				

				State of Marylan				/lental Hyg	giene	
			1 - For State Registrar		Cei	rtificate	of Death	F	10g. No. 2006	31280
			1. Decedent's Name (First, Middle, Last)					2. Date of Dea Month	th Day Year	3. Time of Death
	Physici /Medi		Beverly	Donna Curr	У				12, 2006	6:40p. M
	Examir		4a. Facility Name (If not institution, give s			1	wn, or Location of Death		4c. County of Deatl	
			Southern Marylan	-		Clin			Prince Ge	
	Funeral		5. Social Security Number 6. Sex	144 2005	**	If Under 1 \ Months D	Year If Under 24 Hrs. Hays Hours Min.	8. Date of Birth (Month, Day	y, Year) 9. Birth	nplace (State or Foreign untry)
	Director		Usual Residence of Decedent	X	55 Yrs.			Aug. 15,	1951 Was	h.,D.C.
	land		10a. State 10b. County	10c. Cit	y, Town or Lo	cation				10d. Inside City Limits
	Many Feet	ţ	MD. Montgome:	ry S:	ilver	Springs	6			1 X Yes 2 ☐ No
	permit. Peges 1 and 2 should be filed within 72 hours after deeth with the Maryland Depertment of Health and Mentel Hygiene. Important: if Item 27 is marked other then "natural", or Items 23a or 28a-f show styl injury or other treumatic event, the Medical Examinat must be notified at ance.	Completed by Funeral Director	10e. Street and Number 3612 Pc	ear Tree Ct.		10f. Zip Co	20906		10g. Citizen of What Co	untry?
	eeth	era	11. Marital Status	12. Was Decedent Ever in U	S 13	Was Deceden	t of Hispanic Origin? (Sc	acify Yes or No-	USA 14. Race - Ame	ican Indian
	fer d	필	1 Never Married 2 Married	Armed Forces? 1 ☐ Yes 2 No			t of Hispanic Origin? (Sp Cuban, Mexican, Puerto	Rican, etc.)	Black, White	e, etc.
9	urs a	þ	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Year or Dates:		1 ☐ Yes 2X	No Specify:		Specify:B1a	ck
21215-0036	72 ho	ted	15. Decedent's Edu (Specify only highest grade	cation	16a. Dece	dent's Usual C	occupation		16b. Kind of Business/l	ndustry
21	thin 7	P P	Elementary/Secondary (0-12)	_College (1-4or 5+)	life.	DO NOT use i	lone during most of work etired)	arig	Labor Dept	-
21	ygien ygien t.	ပ္ပ	12 years	l year	Admin	istrato	or Asst.			· •
nd	De file H	Be	17. Father's Name (First, Middle, Last) Wilbur Curry					-	Maiden Sumame)	
<u>×</u>	Men	မ						Robinson		
Maryland	nd 2 sh lith and 27 ie m r treum		19a. Informant's Name/Relationship (Ty. Brenda M. Mason	oe, Print) / Sister	19b. Mailir 3612	ng Address (S Pear T	treet and Number or Rui ree #23 Sil	a <i>l R</i> ou <i>te Numb</i> e ver Spri	r, City or Town, State, Z .ng MD . 2090(	ip Code) O
Baltimore,	t Heal Heal		20a. Method of Disposition	20ь. F	Place of Dispo	sition (Name natory or othe	of	Date	20c. Location - City or	Fown, State
Ę	Pege ento nt: if		1 ⊠ Burial 2 ☐ Cremation 3 ☐ R 4 ☐ Donation 5 ☐ Other (Specify)	enievat trum State		Memoria		2/2006	Landover,Ma	rvland
<u>=</u>	mit. Joertm		21. Signature of Funeral Service License	00/////	22	2. Name and A	address of Facility JO			•
ä	Depe Depe Impo eny in		Juciel mill				2th SI.,N.E			AL HOME
			27. Part1. Enter the disease, or complishock, or heart failure. List only or	cations that caused the deat						Approximate
	Physician		Immediate Cause (Final	A 1. IM.	accide	ul Int	2 most in			Interval Between Onset and Death
	/Medical	1	disease or condition resulting in death)	Due to (or as a conses	-	m (r)	Trick		-	
п	Examiner				,					
-		Je	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	). Duë të (or as a corrseq	uence of).					
	death certificate be executed e ettending physicien and id for use as the burial-transit	Examiner	that initiated events	:						
760,	e exe ien ar irial-t	Ä	resulting in death) Last	Due to (or as a conseq	uence of):					
376	ate be nysici	Icai		l						
89	w requires that the death certificate been signed by the ettending phys should be deteched for use as the	Completed by Physician/Medi	IF FEMALE:							
Box	th ce tendi	an/I	23b. Was decedent pregnant 2	3c. If yes, outcome of pregna 1 Live birth 2 ☐ Feta		Ectopic pregi	nancy		23d. Date of deli	
<u>.</u>	e des	Sici	in the past 12 months? 1 ☐ Yes 2 ☑ No 9 ☐ Unknown	4☐Pregnant at time of d 9☐ Unknown	eath 5	Other (speci	fy)		Month	Day Year
P.0	d by letech	Phy		A-ib-ai	ulaine in Abres			no. Dida	+	
	requires that the een signed by th hould be deteche	þ	Part II. Other significant conditions cor Multiple Jellero 1/3	minuting to death but not res	uking in the u	nderlying caus	se given in Part I.	239. Did (0	bacco use contribute to es 2 ☑ No 3 ☐ Pro	the cause of death?
Ö	requi	ted	7 1111111111111111111111111111111111111					1 1	es 20 No 30 Pic	Dably 4 Unknown
ec	The law ste has b sage 2 st	햩						24a. Was a autops	sy prior to c	topsy findings available ompletion of cause of
<u> </u>	: The	ပိ						perfor 1 ☐ Yes	med? death? 2☑No 1☐Yes	20 No
<u> </u>	icien certifi ector	Be	25. Was case referred to medical examiner?	lospital:	/		26. Place of Deal			
Division of Vital Records,	Phys this al dir	5	1 Yes 2 No	1 ☐ Inpatient 2 ☑ 28a. Date of Injury	ER/Outpatier				ence 6 Other (Spec	ufy)
L C	After After funer	o	1 ☑ Natural 5 ☐ Pending	(Month, Day Year)	28b. Time o Injury	M 28c.	Injury at Work?	280. Describe n	ow injury occurred	
Sic	death death ctor: / the	Cat	2 Accident investigation 3 Suicide 6 Could not be	28e. Place of Injury - At he	ome farm et			29f Location (S	treet and Number or Ru	m/ Pouto Number
⋛	Offer Direction	Certification;	4 ☐ Homicide determined	building, etc. (Specif	y)	eet, factory, o	linos .	City or Tow	n, State)	rai noute i uniber,
_	spite nerel filled		29a. Certifier 1 Certifying Phys	sician: To the best of my kno	wledge, deat	h occurred at t	he time, date and place	and due to the o	ause(s) and manner as	stated.
	To the Hospitel or Attending Physicien: The lav within 24 hours effecteath. To the Funerel Director: After this certificate has completely filled in by the funeral director, page 2	Medical	(Check only 2 Medical Examinations)	ner: On the basis of examina and manner stated.	ition and/or in	vestigation, in	my opinion, death occur	red at the time, o	late and place, and due	to the cause(s)
	To the To the Comp	M	29b. Signature and title of pertifier			29c. L	icense number	2	9d. Date signed (Month	, Day, Year)
)			Na Na	MD		D	0055120	1	September 13	2006
01	(5)		30. Name and address of person who co	empteted cause of death (Item	n 23a) (Type,	D-1-13				
4	/		Richard Kalmer ms	132° Sontrem 1	Quenue	SE Su	it 310 Ward	ungha De	20132	
		ate	31. Date filed (Month, Day, Year)	Registrar's Signa	ature					
	Regist	rar	SEP 1 9 2005	Blown A	Agos					

31281 State of Maryland / Department of Health and Mental Hygiene [ ] [ ] [ ] Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Day **Physician** SEPTEMBER 12, 2006 HAROLD S. CAMPBELL 9:20P M /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner LAUREL REGIONAL HOSPITAL LAURET. PRINCE GEORGES If Under 1 Year | If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** Months Days Hours 579 46 3489 Director 70 16, 1936 WASHINGTON, DC Usual Residence of Decedent with the Maryland 10a. State 10b. County **ehow** 10c. City. Town or Location 10d. Inside City Limits permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryla Deperment of Health and Mental Hygiene. Important: if item 27 is marked other than "naturel", or iteme 23a or 28e-1 ehow ent injury or other traumatic event, the Medical Examiner must be notified at once. XX Yes 2 No PRINCE GEORGES LAUREL Direct 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 9001 CHERRY LANE 20708 UNITED STATES 11. Marital Status 12. Was Decedent Ever in U.S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indian, Black, White, etc. Armed Folces: KIXYes 2 □ No If Yes, Give Year or Dates: UNKNOWN 1 Never Married XX Married 1 ☐ Yes XX No Specity: þ Specify: BLACK 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 12TH SUPERVISOR PRIVATE 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be HARRISON DUNICAN FRANCIS MOORE CAMPBELL 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) HAROLD A. CAMPBELL / SON 12217 QUADRILLE LANE BOWIE. MD 20720 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State XX Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) WASHINGTON NAT. CEM. 09/23/2006 SUITLAND, MD 21. Signature of Funeral Service Licensee 22. Name and Address of Facility
MARSHALL'S FUNERAL HOME OF MARYLAND, 4308 SUITLAND ROAD SUITLAND, MD 20746 nter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) **Physician** a. CARCINOMA OF STOMACH 1 YEAR /Medical Due to (or as a consequence of): Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of) Examiner physicien and the burial-transit that the death certificate be executed Due to (or as a consequence of): P.O. Box 68760 Physician/Medicai as IF FEMALE: esn. 23c. If yes, outcome of pregnancy
1 Live birth 2 Fetal death 23b. Was decedent pregnant 23d. Date of delivery 3 Ectopic pregnancy ō in the past 12 months? 1 ☐ Yes 2 ☐ No 4☐Pregnant at time of death Month Year Day 5 Other (specify) ed by the detached f 9 Unknown Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? Division of Vital Records, þ 99 cate has been sig , pege 2 should b CEREBROVASCULAR ACCIDENT 1 ☐ Yes 2 ☐ No 3 ☐ Probably XXUnknown Completed 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an HYPERTENSION After this certificate has autopsy performed? Yes XX No 1 Yes Hospitel or Attending Physician: 24 hours after death. Funeral Director: After this certifica 25. Was case referred to medicat Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes XX No 1 XX patient 2 ER/Outpatient 3 DOA 28a. Date of Injury (Month, Day Year) Certification: 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred XXNatural 5 Pending 2 Accident investigation М 1 Yes 2 No 6 Could not be determined 3 Suicide Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide To the Hospitel of within 24 hours at To the Funeral D completely filled in XX Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. cai 29a. Certifier (Check only one) 29b. Signature and title of certifie 29c. License number 29d. Date signed (Month, Dey, Year) 231 SEPTEMBER 13, 2006 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 704 GORMAN AVE. #T-1 R.G. BHOJRAJ, M.D. LAUREL, MD 20707 31. Date filed (Month, Day, Year) 32. Registrar's Signatur State Registrar SEP 2 0 2006

State of Maryland / Department of Health and Mental Hygiene 1 - State Registrar Reg. No 2 0 0 6 Certificate of Death 2. Date of Death 1. Decedent's Name (First, Middle, Last) **Physician** SEPT. 17, 2006 1:15 P J. CONNERY LAUREN /Medical 4c. County of Death 4b. City. Town, or Location of Death 4a. Facility Name (If not institution, give street and number) Examiner MONTGOMERY WILSON HEALTH CARE GAITHERSBURG 8. Date of Birth (Month, Day, Y. AUG. 10, If Under 1 Year If Under 24 Hrs. 9. Birthplace (State or Foreign 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** Year Months Days Hours Min. NEW YORK 1**X** M 2□ F Yrs 78 132-18-5770 Director Usual Residence of Decedent 10d. Inside City Limits 10a. State 10b. County 10c. City, Town or Location 28a-f ehow notified at Y☐ Yes 2 ☐ No Director MONTGOMERY GAITHERSBURG MD. 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? ö the Madical Exeminer roust be 238 301 RUSSELL AVE. #3 SOUTH 20877 U.S.A. death Funeral 14. Race - American Indian 12. Was Decedent Ever in U.S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) or iteme 11. Marital Status Black, White, etc. hours after 1X Yes 2 No 1950-If Yes, Give Year or Dates: 1952 1 Never Married 2 Married Baltimore, Maryland 21215-0036 1 Yes 2 No Specify: ģ 3 ☐ Widowed 4 ☐ Divorced 1952 WHITE "naturel", 16b. Kind of Business/Industry 16a. Decedent's Usual Occupation 15 Decedent's Education permit. Pages 1 and 2 should be filed within 72 h
Department of Health and Mental Hygiene. Important: if item 27 is marked other then "nat, any njury-earther treumatic event, the Modice and one. (Give kind of work done during most of working life. DO NOT use retired) (Specify only highest grade completed) College (1-4or 5+) Elementary/Secondary (0-12) U.S. GOV'T. NUCLEAR ENGINEER 18. Mother's Name (First, Middle, Maiden Surname) 17. Father's Name (First, Middle, Last) **ELEANORA** NIELSEN LEON CONNERY J. 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) CONNERY/WIFE 403 RUSSELL AVE. #402, GAITHERSBURG, MD. 20877 ANNE R. 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) CHAMBERS CREMATORY 9-19-2006 RIVERDALE, MD. 21. Signature of Fyneral Service Julgensee 22 Name and Address of Eachity
CHAMBERS FUNERAL HOME & CREMATORIUM, P. A -Chamburg M00091 5801 CLEVELAND AVE., RIVERDALE, MD. 20737 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final Physician MYOCARDIAL INFARTION disease or condition resulting in death) /Medical Due to (or as a consequence of): Examiner PARKINSONS DISEASE Sacuentially internations if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events Due to (or as a consequence of) Examine physician and s the burial-transit certificate be executed resulting in death) Last Due to (or as a consequence of): P.O. Box 68760 Physician/Medical use as the signed by the attending to be detached for use as IF FEMALE 23c. If yes, outcome of pregnancy 1 ☐ Live birth 2 ☐ Fetal death 23d Date of delivery 23b. Was decedent pregnant 3 Ectopic pregnancy in the past 12 months? Month Day Year 5 Other (specify) 4 Pregnant at time of death 1 ☐ Yes 2 ☐ No 9 Unknown 9 Unknown Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? Division of Vital Records, by 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown DEMENTIA Completed peen 24b. Were autopsy findings available prior to completion of cause of death?
1 ☐ Yes 2 ☐ No 24a Was an page 2 s certificate 1 Yes 2√ No Attending Physician: After this certific funeral director, Be 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 M Nursing Home 5 Residence 6 Other (Specify) 2 1 ☐ Yes 2x No 28c. Injury at Work? 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28d. Describe how injury occurred Certification: Injury 1X Natural 5 Pending 1 ☐ Yes 2 ☐ No within 24 hours after death. To the Funeral Director: A investigation 2 Accident the 6 Could not be determined 28f. Location (Street and Number or Rural Route Number City or Town, State) 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) Illed in by 4 | Homicide To the Hospital or 1 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifie (Check only onel 29c. License number 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifier nuce D35791 SEPT. 18, 2006 311 30. Name and address of son who completed cause of death (Ite 23a) (Type, Print) 9801 GEORGIA AVE. SUITE 227, SILVER SPRING, MD. VEMURY, M.D. MERLYN Κ. 31. Date filed (Month, Day, Year) 32 Registrar's Signature State 2006 19 Registrar

06 De 7005

6-07025 ebra Earnise C	`one		rint in Black Indelible Ink		
ebia Eailiise C	•	1- For State Certific	ment of Health and Mental Hy icate of Death		2006 3128
Physici ledical Exami		1. Decedent's Name (First, Middle, Last) Debra Earnise Copeland		Reg. No 2. Date of Death Month Day September 17, 2	3 Time of Death
		4a. Facility Name (if not institution, give street and number) 304 Lori Drive Apartment J	4b. City, Town, or Location of Death Glen Burnie		County of Death nne Arundel
Funeral Director		5. Social Security Number 578-88-5269 6. Sex 7. Age (In yrs. last to 1 M 2XF 46	ourthday) If Under 1 Year If Under 24Hrs Months Days Hours Min	_	10/YYYY) 9. Birthplace (State or Foreign Country Maryland
d Irow any			wn or Location en Burnie		10d. Inside City Limits 1 X Yes 2 No
ith the Maryland  23a or 28a-f strow any motified at once.	Director	10e. Street and Number 304 Lori Drive	10f. Zip Code 21061		en of What Country? Lited States
MD 21215-0036 2 should be filed within 72 hours after death with the Maryland h and Mental Hygiewith Mental Hygiewith and 27 is marked other than "natural", or items 23a or 28a-f site an artice other than "natural", or items 23a or 28a-f site matic event, the Medical Examiner must be notified at once	uneral	11. Marital Status  1 Never Married 2 X Married Armed Forces?  1X Yes 2 No	13. Was Decedent of Hispanic Origin? ( Sp. If Yes, specify Cuban, Mexican, Puerto	pecify Yes or No- 1 Rican, etc.)	4 Race - American Indian, Black, White, etc.
ours after atural", c	d by F	3 Widowed 4 Divorced of Yes, Give Year Unknown  15 Decedent's Education (Specify only highest grade completed) 16	1 Yes 2 No specify  a Decedent's Usual Occupation (Give kind of v	vork done 16b Kii	Specify Black nd of Business/Industry
5-0036 led within 72 h Hygiene other than "n	Completed	Elementary/Secondary (0-12) College (1-4 or 5+)  10th	during most of working life. DO NOT use reting Disabled		None
MD 21215-0036 a 2 should be filed within 7 th and Mental Hygiene n 17 is marked other than munatic event, the Medica	Be	17. Father's Name (First, Middle, Last) Lawrence H Copeland Sr / Father	Bess H		,
MD 2.  rd 2 should alth and M m 27 is m.	To	Lawrence H Copeland Sr/Father	19b Mailing Address (Street and Number or R 1306 Old Chapel Rd.	Bowie Md 2	20720
Baltimore, MD 21215-003 permit Pages I and 21215-003 Department of Health and Mental Hygene Important: If item 27 is marked other It injury or other transmatic event, the Med		20a. Method of Disposition  1 Burial 2 X Cremation 3 Removal from State  4 Donation 5 Other Specify	e of Disposition (Name of cemetery, natory or other place) Crematory ordale Park <del>Comotory</del> 9	0/20/06 Ri	verdale, MD
	1	21. Signature of Funeral Service Prisee	22. Name and Address of Facility Aus 3821 14th Street	N W Washing	ton D C 20011
Physician /Medical Examiner		23a: Part 1: Enley the disease, or complications that caused the death. Do failure. Let only one cause on each line.  Immediate Cause (Final disease a Hypertensive cardio		r respiratory arrest, shoc	k, or heart Approximate Interval Between Onset and Death
~	<u>.</u>	or condition resulting in death)  Due to (or as a consequence of):  Sequentially list conditions, if any, leading to immediate  Due to (or as a consequence of):			
en!	Examiner	if any, leading to immediate Couse Enter Underlying Couse (Disease or injury that initiated events resulting in death) Last  Due to (or as a consequence of):  Due to (or as a consequence of):			
executed ian and ial - transit		d vunpended x,AMENDED item#23a,27	perME, 2860, 10/24/06 TT 6, BMW, MoCo		
cath certificate be sattending physicial for use as the burish	Physician/Medical	## 20 per FH9 / 28 / 01  IF FEMALE: 23b. Was decedent pregnant in the past 12 months?  ## 20 per FH9 / 28 / 01  23c. If yes, outcome of pregnant 1 Live birth 4 Pregnant at time of death	cy 2 Fetal death 3 Ectopic pregna		Date of delivery flonth Day Year
). Box the death c by the attentached for us	Physic	1 Yes 2 No 9 V Unknown 9 Unknown  Part II. Other significant conditions contributing to death but not result	5 Other (Specify)	23e Did tobacco us	se contribute to the cause of death?
S, P.O	þ			1 Yes 2	No 3 Probably 4 V Unknown
Division of Vital Records, P.O. Box 68760, Ilospital or Attending Physician: The law requires that the death certificate be 44 hours after death. After this certificate has been signed by the attending physiciely filled in by the funeral director. page 2 should be detached for use as the burnels)	Completed			24a Was an autopsy performed?	24b. Were autopsy findings available prior to completion of cause of death?  1 Yes 2 No
fital sician: is certif	Be	25. Was case referred to medical examiner?  [Hospital: 1 Inpatient 2 ER/	26.Place of Death (Check of Outpatient 3 DOA Other Nursing	only one) g Home 5 Residence	co 6 1 Other Seens
Division of Vital Ltd or Attending Physician: rs after death.  al Director: After this certical in the funeral director.	tion: To	27. Manner of Death  1 X Natural 5 Pending 28a Date of Injury (Month, Day, Year) 28b		28d. Describe how injury	
Divisior  Hospital or Attend 24 hours after death Funeral Director:	Certification:	2 Accident Investigation 3 Suicide 6 Could not be determined (Specify)  28e. Place of Injury - At home, (Specify)	farm, street, factory, office building, etc.	28f. Location (Street and or Town, State)	d Number or Rural Route Number, City
Di To the Hospital within 24 hours To the Funeral	Medical C	29a. Certifier (Check only one) Certifying Physician: To the best of my knowledge, one) Wedlcal Examiner: On the basis of examination and/one and manner stated			
- = - 5	Ř	29b. Signature and title of certifier  Amule Pari Hall, MI)	29c. License number O.C.M.E.		ate signed (Month, Day, Year) ember 18, 2006
		30. Name and address of person who completed cause of death (Item 23a Pamela Southall, MD Assistant Medical Examiner		21201	
St Regis	tate trar	31 Date filed (Mark Pay, Year) 2006 32 Registrar's Signature	Sporte		

			For State Registrar	State of	f Marylan	d / Depa <i>Cei</i>	artment rtificate	of H	ealth a D <i>eath</i>	and M	lental Hy	giene Reg. No.	200	)6	3128	L
	Physici	an	Decedent's Name (First, Middle, I								2. Date of De Month Septem	ath Day	10 Š	ear 006	3. Time of Death  1:35 P	4
	/Medic	al	Barbara Starr  4a. Facility Name (If not institution, g	Clar	nber)		4h. City. T	Town, or	Location of	of Death	Septen		County of I		1:35 P W	
	Examin	er	Casey House	,170 St. 001 a.10 110.11	,,,		Rock			, 504			ntgom			
	Funeral			. Sex 1 □ M 2 AF	7. Age (In yrs.	last birthday)	If Under	1 Year Days	If Under	24 Hrs. Min.	8. Date of Bir	th v. Year)	9.	Birthpla	ce (State or Foreig	n
	Director		027-42-3863	1 ⊔ M 2L4F	5	2 Yrs.	Wichting	Duyo	110010		Feb 4,	195	4 M	assa	chusetts	
	and w.		Usual Residence of Decedent  10a. State 10b. County		10c. Cit	y, Town or Lo	cation							10	d. Inside City Limits	3
	Many fied	ţ	MD Montgom	erv	Gait	hersbu	rg								1 ☐ Yes 2 🙀 No	)
	or 28e	irec	10e. Street and Number	\			10f. Zip	Code				-	zen of Wha	t Counti	<b>y</b> ?	
	23a c	ai D	18303 Hallmark C	Court			208					USA				
	within 72 hours after death with the Maryland ene. than "naturel", or itema 23a or 28e-f ahow than Modical Exacilian must be notified a	Funeral Director	11. Marital Status	Armed Fo		.S. 13.	Was Decede If Yes, speci	ent of Hi rfy Cuba	spanic Ori n, Mexican	gin? (Spo ), Puerto	ecify Yes or No Rican, etc.)	0-	14. Race - A Black, V	America White, e		
36	rs aft	by F	1 ☐ Never Married 2 Married 3 ☐ Widowed 4 ☐ Divorced	1 ☐ Yes If Yes, Giv Year or D	9		1 ☐ Yes 2	X No	Specify:				Specify:W	hite	<u> </u>	
Ş	2 hou	ted	15. Decedent's	Education		16a. Dece	dent's Usua	l Occupa	ation	a = 6==di			nd of Busin			_
215	thin 7	Completed	(Specify only highest Elementary/Secondary (0-12)	College (1	-4or 5+)	life.	kind of worl DO NOT us	e retired	uning mos !)	t of work	ng	D				
2	led wi	S	47 Fallenda Nama (First Middle II.	4		Chef			19 Matha	rio Name	e (First, Middle		taura	nt		
and	t be filed ntat Hygie ed other: avant, II	Be	17. Father's Name (First, Middle, La George Ross Star	•							C. Kell		Sumame)			
چ	should nd Me mark mark	은	19a. Informant's Name/Relationship	(Type, Print)		19b. Maili	ng Address	(Street a	and Numbe	er or Rura	I Route Numb	er, City o	r Town, Sta	te, Zip (	Code)	_
Š	elth a		Paul Clar/husbar	ıd		18303	Hall	mar!	c Ct.	Gai	thersbu	ırg,	MD 20	8/9		
ore,	of Her	1	20a. Method of Disposition 1 □ Burial 2 K Cremation 3	□ Bamoval from	20b. F	Place of Disponentery, crea	sition (Nam natory or ot	ne of ther plac	θ)		Date	20c. Lo	cation - Cit	y or Tow	n, State	
Ĕ	Pag ment ant: h		4 ☐ Donation 5 ☐ Other (Spe	cify)											faryland	
Baltimore, Maryland 21215-0036	permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylan Department of Heelth and Mentai Hygiene. Important: If Item 27 is marked other than "natural", or Itema 23a or 28e-f ahow emportant: In them 27 is marked other than "natural", or Itema 23a or 28e-f ahow injury or other treumatic avant, Ite Modical Exchinar man be notified at ODEs.		21. Signatur Funeral Service Life	densee de de de de de de de de de de de de d	tt mo	G∂ 1251Be	ing H verly	Mes L.	"Crem Heck	ătio rott	n Servi e, P.A.	ce Cla	P.O. rksvi	Box 11e,	784 MD 2102	9
П			23a. Part1. Enter the disease, or co shock, or heart failure. List or	omplications that c nly one cause on e	aused the deat ach line.	h. Do not en	er the mode	e of dying	g, such as	cardiac	or respiratory a	rrest,			Approximate Interval Between Onset and Death	
P	Physician		Immediate Cause (Final disease or condition resulting in death)	_ a Metas	tatic S	Small (	Cell L	ung	Canc	er				_ 3	months	
	/Medical Examiner		resulting in dealin)	Due to	or as a conseq	uence of):										
		e e	Sequentially list conditions, if any, leading to immediate	b. Due to i	or as a conseq	uence of).								+		_
	uted d ansit	E I	cause. Enter Underlying Cause (Disease or injury that initiated events	c												
o	ate be executed hysicien and the burial-transit	cai Examiner	resulting in death) Last		or as a conseq	uence of):										
8760,	ate be			d.	_				_					-		
9 ×	The law requires thet the death certifica tte hes been signed by the attending ph page 2 should be detached for use as it	Physician/Med	IF FEMALE:	23c. If yes, out	come of pregna	ancv							23d. Date o	f deliver	,	
Vital Records, P.O. Box	atten atten I for us	cian	23b. Was decedent pregnant in the past 12 months?	1 ☐ Live b	irth 2 ☐ Feta ant at time of d	I death 3	Ectopic pre					1	Month		y Day Year	
o.	the d	hysi	1 □ Yes 2 XNo 9 □ Unknown	9□ Unkn												_
œ.	s thei	by P	Part II. Other significant condition	s contributing to de	eath but not res	ulting in the u	nderlying ca	ause givi	en in Part I		23e. Did	tobacco u	se contribu	ite to the	cause of death?	
ğ	w require been sig should b					<u> </u>					10	Yes 2	<b>X</b> No 3[	] Proba	bly 4 □Unknow	1
ecc	lawr 18 be 18 Sh	Completed									24a. Was	psy	24b. Wei	r to com	sy findings available pletion of cause of	0
<u> </u>	: The	S										omed? 2∏ No	dea 1 🗆		2 No	
<del>=</del>	Physician: r this certific ral director,	Be	25. Was case referred to medical examiner? 1 ☐ Yes 2 ☒ No	Hospital:	Inpatient 2	I EDIO III III		Oth			h (Check only		o (Table)	10 - 1		_
ō	Physer this eral di	n: To	27. Manner of Death	28a. Date	of Injury	28b. Time o		8c. Injun Wor	4 🗆 140		me 5∟ Hes 28d. Describe			Specify,	hospice	
ion	Attanding or death. actor: After by the fune	atlo	1 Accident investiga		th, Day Year)	Injury	м		k? Yes 2□	No						
Division of	or Atta fter de liracto n by th	Certification:	3 ☐ Suicide 6 ☐ Could no 4 ☐ Homicide determin	289. Place	of Injury - At h	ome, larm, st	reet, lactory	, office				(Street an own, State		or Rural	Route Number,	
	pital ours elected illed		29a. Certifier 1∑ Certifying	Physicien: To the	heet of my kny	wledne deal	h occurred :	at the tin	ne date ar	nd place	and due to the	rause(s)	and mann	or as sta	ted	
	To the Hospital or Attending Physicien: The law within 24 hours effer death. To the Funerel Director: Atter this certificate hes completely filled in by the funeral director, page 2	edicai	(Check only 2 Medical E.	xaminer: On the b	a sis of examination of stated.	ation and/or in	ivestigation,	in my o	pinion, dea	ath occur	red at the time	, date and	place, and	due to	the cause(s)	
	To th Withir To th compl	Me	29b. Signature and title of certifier	^					e number			29d. Da	te signed (/	Month, D	Pay, Year)	
)	-		Cynthia M	. Delle	lamo	DO		HU	058	03.	2	Sept	.ember	18	, 2006	
)a?	<del>-</del>		30. Name and address of person w						D 1	D ,		MD 0	00055			
		ate	Cynthia M. Will 31. Date liled (Month, Day, Year)	iams, D.C	6001 gistrar's Signa	Munca	ster M	MITT	Kd.	KOCK	ville,	rid 2	.0033			_
	Regist		SEP 2 0		len .		back	,								_

EDITH F. COCICRECC 198-18-6810

Please Type or Print in Black Indelible Ink. Ensure All Copies Are Legible.

The State of Maryland (Department of Health and Mantal Hydrica)

			1- For AMend #17 Per State Registrar	FR 6861 M		Cei	artmer <i>rtificat</i>	it of H te of L	eaith and Death	mental F	1ygier Reg. N	e 200	6 3 1	285
I	Physici	an	1. Decedent's Name (First, Middle, La	st)						2. Date of Month	Death	ay Year	3. Time	of Death
	/Medic	al		F.	CO	CKRELL				SEPT	: /6	2004	1430	M
Ì	Examin	er	4a. Facility Name (If not institution, giv		260				Location of Dea	ith	4	tc. County of De <i>Moor</i>		
	Funeral		5. Social Security Number 6. S	Sex 7. Age	(In yrs.	last birthday)	If Under	r 1 Year	If Under 24 Hr			9. B	rthplace (State	or Foreign
	Director		190-10-0010	1□M 2XF	81	Yrs.	Months	Days	Hours Mir	OCT.	19, 19	924 PEN	ountry) NSYLVAN	IIA
	land		Usual Residence of Decedent  10a. State 10b. County		10c. Cit	y, Town or Lo	cation						10d. Inside (	City Limits
	Mary I-f eho	tor	MARYLAND WORCES	STER		BERLIN	Ŋ							s 2X No
	th the	Director	10e. Street and Number				10f. Zip	Code			10g. (	Citizen of What C	country?	
	ath wi	raic	10045 FRIENDS	HIP ROAD				2181	1			USA		
36	in 72 hours after death with the Maryland n"natural", or itema 23a or 28a-f ehow ledical Examinar must be notilied at	y Funerai	11. Marital Status  1 ☐ Never Married 2 ☐ Married	12. Was Decedent E Armed Forces? 1 Yes 2 N If Yes, Give		):	Was Dece f Yes, spe 1  Yes		spanic Origin? ( n, Mexican, Pue Specify:	Specify Yes or rto Rican, etc.)	No-	14. Race - Arr Black, Wh	erican Indian, ite, etc.	
ğ		ed by	3 ☐ Widowed 4 ☒ Divorced	Year or Dates:									HITE	
215-0036	within 72 ene. than "na	Completed	15. Decedent's Ed (Specify only highest gra	ade completed)		16a. Deced (Give life. L	tent's Usua kind of wo DO NOT u	al Occupa ork done d se retired)	ition <i>Juring</i> most of wi )	orking	16b.	Kind of Busines	s/Industry	
212	d with giene. ir tha	mo	Elementary/Secondary (0-12)	College (1-4or 5-	+)		OUSEK					HOSPIT	AL	
	be filed withing Hygiene. Id other therewent, the Meneral the Hearthare the Hearthare the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth the Hearth th	Be	17. Father's Name (First, Middle, Last,	) Frederick	E.	Kerste	n		18. Mother's Na	me (First, Mid	dle, Maide	en Sumame)		-
Maryland	2 g 2 a	2	CHARLES	KERST	EN				MARY			EAVER		
<u>a</u>	d 2 shou th and M ?7 is mar traumati		19a. Informant's Name/Relationship ( DENISE VALLE/DAU(									or Town, State,		
စ်	s 1 and f Health item 27 other ti		20a. Method of Disposition		20b. P	lace of Dispos	sition (Nar	ne of		Date		IARYLAND		
Ë	Pages nent of int: If it iry or o		1 ☐ Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specif		1 -	emetery, crem EMATORY			ARVA 9/1	9/06		ELMAR, D		Z.
Baltimore,	permit. Pages Depertment of Important: If it any injury or o		21. Signature of Funeral Service Licer	1500		1			s of Facility	IOME C				
			23a. Part1. Enter the disease, or com	plications that caused	the deat!							/ILLE, D	Approxima	
	Physician		shock, or heart failure. List only Immediate Cause (Final disease or condition	one cause on each lin	ө.		cur						Onset and	
ı	/Medical Examiner		resulting in death)	Due to (or as a	conseq									
		Je.	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	b. — Due to (or as a	consequ	uence of):								
	cuted	Examiner	that initiated events	C										
Ď	oe exe cien a puriel-l	EX	resulting in death) Last	Due to (or as a	consequ	uence of):								
68/6U,	physic the b	edical		_ d										
XOO	nding use a	N/Me	IF FEMALE: 23b. Was decedent pregnant	23c. If yes, outcome of								23d. Date of de	lings	
ň	death	Physician/M	in the past 12 months? 1 ☐ Yes 2 ②No	1□Live birth 2 4□Pregnant at t			Ectopic pr Other (sp				_	Month	Day	Year
7 0	at the	Phys	9 Unknown	9□ Unknown										
Records,	igne be c	á	Part II. Other significant conditions of	ontributing to death bu	t not resu	ulting in the un	nderlying c	ause give	n in Part I.	1		use contribute to		
ပ္သ	law rees bee	Completed								24a. W		24b. Were a	utopsy findings	available
	The ete he page	E C								au pe 1 ☐ Ye:	itopsy informed? s 2 N	death?	completion of	cause of
VItal	Physician: this certific ral director,	Be	25. Was case referred to medical examiner?						26. Place of De					
_		2	1 ☐Yes 2 ☐ No  27. Manner of Death	Hospital: 1 Inpatien		ER/Outpatient			4 🗆 Nursing i			6 ☐Other (Spe	ecify)	
0	th. : Afte	tton	t ☐Natural 5 ☐ Pending 2 ☐ Accident investigation	28a. Date of Injury (Month, Day	Year)	Injury	M	8c. Injury Work' 1 □ Y	at ? es 2 ☐ No	28d. Describ	e now inj	ury occurred		
DIVISION	r Atter er dea ractor by the	Certification:	3 Suicide 6 Could not be determined	e One Diese of Jein	ry - At ho	me, farm, stre						and Number or F	ural Route Nur	nber,
5	pital or	-	4								Town, Sta			
	To the Hospital or Attending Pr within 24 hours after death. To the Funeral Director: Attert completely filled in by the funeral	Medical	(Check only one)	niner: On the basis of and manner stat	examınaı	wledge, death ion and/or inv	occurred estigation,	at the time , in my opi	e, date and plac inion, death occ	e, and due to ti urred at the tim	he cause( le, date ar	s) and manner a nd place, and du	s stated. e to the cause(	s)
	Tot Tot	Σ	29b. Signature and the disentifier				290	License	number 50497			ate signed (Mon	th, Day, Year)	
	1/2										9	19106		
<	200			completed cause of de		23a) (Type, F	C((s bu	1 "	0815 W	(				
	Sta Registra		31. Date filed (Month, Day, Year) SEP 1 9 2	32. Pigistra	r's Signa	ture	36							

			_ For	e Type or Prin State of Ma		/ Depa	artment of	Health and		_	s. 6 31280
	Physici /Medio		1 - State Registrar 1. Decedent's Name (First, Middle, ADDISON I			Cei	tificate o	f Death	2. Date of De. Month SEPT	Reg. No.  ath Day 15 2006	3. Time of Death
	Examir	er	4a. Facility Name (If not institution, s	PITAL			LA	, or Location of De			E GEORGE'S
沙	Funeral Director		5. Social Security Number  579-54-3590  Usual Residence of Decedent	7. Age 1 ☑ M 2 ☐ F	65	Yrs.	If Under 1 Year Months Day		n. (Month, Da		Birthplace (State or Foreig Country) ASHINGTON, DO
	within 72 hours after death with the Maryland sne. then "natural", or iteme 23e or 28e-f show he Medical Examinar must be notified at	ctor	10a. State 10b. County PRINC	E GEORGES	10c. City, T MI		cation LVILLE				10d. Inside City Limit:
	ath with the 23a or 21	rai Dire	10e. Street and Number 11800 CHANTIL			10.1		721		U.S.A.	
980	urs after de al', or Item Framiner o	by Fune	11. Marital Status  1 Never Married 2 Married  3 Widowed 4 Divorced	12. Was Decedent & Armed Forces? d 1 Yes 2 N If Yes, Give Year or Dates:			was Decedent of Yes, specify C		(Specify Yes or No arto Rican, etc.)	Black, V	American Indian, Vhite, etc. BLACK
21215-0036	s 1 and 2 should be filed within 72 hours after death with the Marylan if Health and Mental Hygiene. Item 27 is marked other then "natural", or iteme 23s or 28s-f show other traumatic event, the Medical Examinar must be notified at	Completed by Funeral Director	15. Decedent's (Specify only highest Elementary/Secondary (0-12)	Education grade completed) Colfege (1-4or 5		(Give life. l	DO NOT use ret	ne during most of w red)	rorking	16b. Kind of Busine	
	ould be filed w Mental Hygier arked other tl atic event, In	Be	12th 17. Father's Name (First, Middle, La ADDISON LEON I			PO.	LICE OF	18. Mother's N		Maiden Surmame)	RNMENT
Maryland	and 2 should saith and Men n 27 ie marke ier traumatic	To.	19a. fnformant's Name/Relationship  CAROLYNE D. DA	(Type, Print)			_	et and Number or i	Rural Route Numbe	er, City or Town, Star	re, Zip Code) ZLAND 20721
Baltimore,	permit. Pages 1 and 2 Department of Health a Important; if item 27 is eny injury or other tra QDCE.		20a. Method of Disposition  1 Burial 2 Cremation 3  4 Donation 5 Other (Spe	B ☐Removal from State	20b. Place cemi	e of Dispo etery, crem	sition (Name of natory or other p		Date	20c. Location - City BRENTWOOD	or Town, State
Balti	permit. Departn Imports eny inju		21. Signature of Funeraf Service Li	-hall			Name and Add			JENKINS FU JER,MARYLA	NERAL HOME ND 20785
	Physician /Medical		23a. Part1. Enter the disease, or or shock, or heart failure. List or Immediate Cause (Final disease or condition resulting in death)		CE MYO	CARDI	AL INFA		ac or respiratory a	rrest,	Approximate fnterval Between Onset and Death
	executed in and ial-Iransit	Examiner	Sequentially fist conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	b. ATHE			C CARDI	OVASCULAI	R DISEASE		
68760,	eath certificate be executed attending physicien and for use as the burial-transit		resufting in death) Last	Due to (or as	a consequen	nce of);					
P.O. Box 6	0 0	Physician/Medical	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1  Yes 2 No	23c. If yes, outcome 1 □Live birth 4 □ Pregnant at 9 □ Unknown	2 Fetaf de	ath 3	Ectopic pregnal			23d. Date of Month	delivery Day Year
	w requires that the sbeen signed by the should be detached		Part II. Other significant condition	s contributing to death but	ut not resuftir	ng in the ui	nderlying cause	given in Part f.			e to the cause of death?  Probably 4\text{Unknow}
I Records,	The law ate has b page 2 st	Completed by							24a. Was autor perfo 1 ☐ Yes	an 24b. Were prior deat 25 No 1	
Vital	Physician: The la this certificete ha ral director, page 2	To Be (	25. Was case referred to medical examiner? 1 ☐ Yes 2 ☒ No	Hospital:	ent 2FIEB	/Outpatier	at 3 DOA	)than	eath (Check only o	one) dence 6 □Other (	Spacehol
ion of	Attending Phy r death. ector: After this by the funeral d		27. Manner of Death  1 Avatural 5 Pending 2 Accident investiga	28a. Date of fnjur (Month, Da)	ry 28	Bb. Time of Injury	28c. Ir			how injury occurred	apovity)
Division	5 \$ 5 E	Certification:	3 Suicide 6 Could no 4 Homicide determin	28e. Place of fnite building, etc	ury - At home c. (Specify)	e, farm, str	eet, factory, office	ee .	28f. Location ( City or Tox		r Rural Route Number,
	Hospitei 4 hours a Funerai E	ical (	29a. Certifier 1 Certifying (Check only 2 Madical E	Physician: To the best of caminer: On the basis of	of my knowle	dge, death	n occurred at the	time, date and pla y opinion, death oc	ce, and due to the	cause(s) and manne date and place, and	r as stated. due to the cause(s)

State

RICHARD J FELDMAN M.D. 9500 ANNAPOLIS RD LANHAM, MARYLAND 20706

31. Date filed (Month, Day, Year)

SEP 1 9 2006

32. Registrar's Signature

29b. Signature and title of certifier

DHMH 17 Rev 1/2001

Registrar

29c. License number

032261

29d. Date signed (Month, Day, Year)

7-18-06

DHMH 17 Rev 1/2001

State

Registrar

Carolyn

Box 68760.

Division of Vital Records, P.O.

575 Main Street, Suito 351

Fasika

32. Registrar's Sign

Elizabeth

31. Date filed (Month, Day, Year)

SEP 2 0 2006

			For Stata Registrar	State of	Maryland	d / Depa <i>Cei</i>	artmer	t of H	ealth a	and M		Reg. No.	1 1 1 1 3	6 3	1288	
H	Physicia /Medic Examin		Decedent's Name (First, Middle, L. CELEDONIA DEVER		2. Date of Death Month Day SEPTEMBER 16 2006 7:35 P M											
F			4a. Facility Name (If not institution, gi		4b. City, Town, or Location of Death FREDERICK						4c. County of Death FREDERICK					
	Funeral Director		FREDERICK MEMORI  5. Social Security Number  None  6.		Age (In yrs. la 74	ast birthday) Yrs.		r 1 Year	If Under Hours	24 Hrs. Min.	8. Date of Bi Sept 2	rth	9. B	irthplace (\$	State or Foreign	
re, Maryland 2	Aarylend Febow	ō	Usual Residence of Decedent  10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limit  Maryland Frederick Frederick 1⊠Yes 2□N										-			
	3a or 28a-	Funeral Directo	10e. Street and Number 1418 I Taney Avenue #201				10f. Zip Code 21702					10g. Citizen of What Country? Philippines				
	2 should be filed within 72 hours after deeth with the Maryland and Mental Hygiene, and Mental Hygiene, is marked other then "naturelt, or items 23a or 28a-f ehow aumatic event, the Medical Examination into the contined at	by Funera	11. Marital Status  1 □ Never Married 2 □ Married  3 ☎Widowed 4 □ Divorced	ent Ever in U.S es? ∐No es:		Vas Decedent of Hispanic Origin? (Specify Yes or Yes, specify Cuban, Mexican, Puerto Rican, etc.)  Yes 2 No Specify:				0- 14. Sp	pino					
		Completed	15. Decedent's Education (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4or 5+)			(Give	Decedent's Usual Occupation     (Give kind of work done during most of working life. DO NOT use retired)     Homemaker					16b. Kind of Business/Industry  Private				
	be filed tal Hygi d other event, I	To Be Co	17. Father's Name (First, Middle, Last) Benaventura Tamondong				18. Mother's Name (Firs Cornelia					iddle, Maiden Sumame) L'amondong Repato				
	permit. Pages 1 and 2 should Department of Health and Men Important: If Item 27 is marke any injury or other traumatic once.	P =	19a. Informant's Name/Relationship (Type, Print)  Gerry Aquino (Daughter)  19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)  1418 I Taney Avenue #201, Frederick MD 21702									2				
			20a. Method of Disposition  1 Burial 2 Cremation 3  4 Donation 5 Other (Spec	cify)	ate Ce		natory`or hOlic 2. Name a	other place Cem  nd Addres	ss of Facili	9/30 v Rei	ndon/IIa	le Fun	inan, eral	, Phi Home	lippines	
	Rosician		23a. Pa Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ock, or heart failure. List only one cause on each line.  Approximate Interval Between Onset and Death disease or condition  Approximate Interval Between Onset and Death Hours													
vision of Vital Records, P.O. Box 68760,	Physician: The law requires that the death certificate be executed the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the	dical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):										Pays			
		Physician/Med	IF FEMALE:  23b. Was decedent pregnant in the past 12 months?  1 ☐ Yes 2 ☐ No 9 ☐ Unknown  23c. If yes, outcome of pregnancy 1 ☐ Live birth 2 ☐ Fetal death 4 ☐ Pregnant at time of death 5 ☐ Other (specific pregnant)							<u> </u>		23d. Date of delivery Month Day Year				
	w requires thet I been signed by should be deta	<u>۾</u>	Part II. Other significant conditions contributing to death but not resulting in the un					3				d tobacco use contribute to the cause of death?  ☐ Yes 2 ☑ No 3 ☐ Probably 4 ☐ Unknown				
	sician: The faw re certificete has bee irector, page 2 sho	tion: To Be Completed							aut	. Was an autopsy performed? yes 2 ☑ No 24b. Were autopsy findings available prior to completion of cause of death? Yes 2 ☑ No						
	ding Physician: h. After this certifice funeral director, p		25. Was case referred to medical examiner?  1 Yes 2 No  27. Manner of Death  1 Natural 5 Pending 2 Accident investigat	28a. Date of (Month,	28a. Date of Injury (Month, Day Year) 28b. Time of Injury				28c. Injury at Work? 28d. Descr							
	To the Hospital or Attending F within 24 hours after death. To the Funeral Director: After completely filled in by the funer	Certification:	3 Suicide 6 Could not determine	t be 28e. Place o							28f. Location (Street and Number or Rural Route Number, City or Town, State)					
	the Hospital thin 24 hours a the Funeral i	edical	29a. Certifier  (Check only 2   Medical Examiner: On the basis of examination and/or investig						stigation, in my opinion, death occurred at the time				e, date and place, and due to the cause(s)			
)	To the within To the comple	Σ	29b. Signature and title of certifier		29c. License number  D 0 0 6 1 4 1 0  Pe, Print)  8 0   TOLL HOUSE F					29d. Date signed (Month, Day, Year)  SEPT. 19. 2006						
2	- (4)		30. Name and address of person when the same and address of person when the same and address of person when the same and address of person when the same and address of person when the same and address of person when the same and address of person when the same and address of person when the same and address of person when the same and address of person when the same and address of person when the same and address of person when the same and address of person when the same and address of person when the same and address of person when the same and address of person when the same and address of person when the same and address of person when the same and address of person when the same and address of person when the same and address of person when the same and address of person when the same and address of person when the same and address of person when the same and address of person when the same and address of person address of person address of person address of person address of person address of person address of person address of person address of person address of person address of person address of person address of person address of person address of person address of person address of person address of person address of person address of person address of person address of person address of person address of person address of person address of person address of person address of person address of person address of person address of person address of person address of person address of person address of person address of person address of person address of person address of person address of person address of person address of person address of person address of person address of person address of person address of person address of person address of person address of person address of person address of person address of person address of person address of person address of person address of person address of person address of person address of person address of person address of person address of person	no completed cause	of death (Item	n 23a) (Type,	, Print) 801	70	oce	HO	USE A	VE ,	44	FR	EDFRIK	
	St. Regist	ate rar	31. Date filed (Month, Day, Year) SFP 2 0 20	96 P. Re	gistrar's Signa	Los	W			,,,,,			,,,		- 2 2 3 4	

		,	For State Registrar	State of N	Marylan	d / Depa	artment rtificate	of H	ealth ai Death	nd Mental I	Hygie Reg.	ne 200	6 31289
	Physicia /Medic		1. Decedent's Name (First, Middle Marguerite		trich					2. Date o Month Septem		Day Yea	3. Time of Death 7:38 p. M
-	Examin	5.	4a. Facility Name (If not institution Brinton Woods					Town, or	Location of	Death		4c. County of D	
	Funeral Director	•	5. Social Security Number 251-24-4418	6. Sex 7.		iast birthday) Yrs.	If Under Months		If Under 24 Hours	4 Hrs. 8. Date o Min. (Month	, Day, Ye	9. I 1925 (	Birthplace (State or Foreign Country) South Carolina
	Maryland -f show find at	tor	Usual Residence of Decedent  10a. State 10b. County  Maryland Car	roll		y, Town or Lo dbine	cation						10d. Inside City Limits 1 ☐ Yes 2 ☑ No
	3a or 28s	i Direc	10e. Street and Number 1285 Hoods Mil	1 Road			10f. Zip 217				_	Citizen of What USA	Country?
036	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hyglene. Importent: if Item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event. The Medical Exercities rotal be notified at angre.	by Funeral Director	11. Marital Status  1 Never Married 2 Marr  3 Widowed 4 Divorced	If Vac Civa	s? X ^{No}		Was Deceded Yes, special	rfy Cubar	spanic Origin, Mexican, Specify:	in? (Specify Yes o Puerto Rican, etc.	r No-	14. Race - A Black, W Specify:	merican Indian, Thite, etc. white
Maryland 21215-0036	d within 72 ho piene. r than "natur ine Med cal	Completed by	15. Deceden (Specify only highe: Elementary/Secondary (0-12) 12	t's Education st grade completed)  College (1-40)	or 5+)	16a. Dece (Give life. Homen	dent's Usual kind of won DO NOT us maker	l Occupa k done d e retired)	tion uring most	of working	161	o. Kind of Busine	
/land	uld be filed Mental Hyg irked othe	To Be C	17. Father's Name ( <i>First, Middl</i> e, William							s Name <i>(First, Mi</i> ura Hanco		den Sumame)	
Mary	nd 2 sho lith and ! 27 is ma r trauma		19a. Informant's Name/Relations Eric Deitrich	hip (Type, Print) - Son			-			or Rural Route No 1, Woodbi			
Baltimore,	ages 1 ar ent of Hea nt: ff Itam y or othe		20a. Method of Disposition  1 \$\overline{\text{Burial}}\$ Burial 2 \$\overline{\text{Cremation}}\$ Cher (S	3 □Removal from Sta	169	Place of Dispo cemetery, crer klawn 1				Date -21-2006		kville.	or Town, State  Maryland
Baltii	permit. F Departmo Importer any injur		21. Signal re of Funeral Service		lu	22	2. Name and	d Addres	s of Facility		er F	uneral I	Home
100 miles	Physician /Medical Examiner		23a. Part 1. Enter the disease, or shock, or heart failure. List tmmediate Cause (Final disease or condition resulting in death)  Sequentially list conditions.	a. Ju	sed the deat in line.	l Jena	A X	e of dying	y, such as c	ardiac or respirato	ory arrest,		Approximate Interval Between Onsel and Death
8760,	icate be executed physicien and s the burial-transit	dical Examiner	if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	G	as a conseq								
.O. Box 68	death certif e attending ed for use a	Physician/Med	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 □ Yes 2 □ No 9 □ Unknown	23c. If yes, outcor 1 □ Live birth 4 □ Pregnan 9 □ Unknown	2 ☐ Feta tat time of d	al death 3[	Ectopic pre Other (spe				_	23d. Date of Month	delivery Day Year
<u>α</u>	sign d be	þ	Part II. Other significant condition	ons contributing to deat	h but not res	sulting in the u	nderlying ca	ause give	en in Part I.		Did tobac		e to the cause of death? ] Probably 4 □Unknown
Vital Records,		Completed									Was an autopsy performed es 2 E	d? prior death	e autopsy findings available to completion of cause of 1? Yes 2 10 10
Vita	Physician: Th this certificate ral director, pag	Be	25. Was case referred to medica examiner? 1 ☐ Yes 2 ☑ No	l Hospital:	ationt 2	] ER/Outpatier	a a 🗆 DO	Δ Oth ε		of Death   Check o		a C COthar (6	Sanaka)
ion of	ding After fune	ation: To	27. Manner of Death  1 Natural 5 Pendir 2 Accident investi	28a. Date of I (Month,		28b. Time o Injury		8c, Injury Work	4 (9410)	28d. Desc		injury occurred	рөспу)
Division	i Dit o	Certification:	3 ☐ Suicide 6 ☐ Could 4 ☐ Homicide determ	nined 286. Place of	Injury - At h , etc. <i>(Speci</i> i	ome, farm, sti fy)	reet, factory	, office			on (Stree r Town, S		Rural Route Number,
	e Hospital 24 hours a Funerel l letely filled	edicai	29a. Certifier 1 Certifyin (Check only one)	ng Physician: To the be Examiner: On the basi and manner	s of examina	owledge, deat ation and/or in	h occurred a vestigation,	at the tim in my op	e, date and pinion, death	olace, and due to n occurred at the t	the caus	e(s) and manne and place, and	r as stated. due to the cause(s)
	within 2 To the complet	Me	29b. Signature and title of dertifie				1	D2C	number 1506			Date signed (M 9/18/06	onth, Day, Year)
	1		30. Name and address of person	enos mo	5417	ie 102;	Print)	616	reety	Rd Ele	Persh	way us	21784
F	Sta Regist		31. Date filed (Month, Day, Year,		istrar's Signa	B A	rede	•	/				

Please Type or Print in Black Indelible Ink. Ensure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygien ? Certificate of Death 2. Date of Death 3. Time of Death 1. Decedent's Name (First, Middle, Last) Month Day Year Physician DaV 1130 A 10:15 /Medical 4c. County of Death 4a. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death Examiner Woodlawn Baltimore Augsburg Lutheran Home If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) 7. Age (In yrs. last birthday) 5. Social Security Number **Funeral** Months 1 □ M 280 F Yrs. Feb 13, 1900 106 Maryland Director 212 22 9759 Usual Residence of Decedent 10d. Inside City Limits with the Maryland 10c. City. Town or Location 10a, State 10b. County Pages 1 and 2 should be filed within 72 hours after death with the Marylan nent of Health and Mental Hygiene.
not: If tem 27 is marked other than "naturel; or items 23e or 28a-1 show and the than the notal to notified a sry or other treamatic event, the Madical Exectles in a most to notified a 1 □Yes 2 □KNo Director Baltimore Woodlawn MD 10g. Citizen of What Country? 10e Street and Number 10f. Zip Code 6811 Campfield Road 21207 United States Funeral Race - American Indian, Black, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. Was Decedent Ever in U.S Armed Forces? 11. Marital Status e filed within 72 hours after de al Hygiene. I other than "naturel", or item 1 ☐ Yes 2 XNo If Yes, Give Year or Dates: 1 Never Married 2 Married 1 ☐ Yes 2 ☑ No Specify: Specify: Baltimore, Maryland 21215-0036 ģ 3 Widowed 4 □ Divorced White Completed 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Give kind of work done during most of working life. DO NOT use retired) Elementary/Secondary (0-12) College (1-4or 5+) Clerical Worker State of Maryland unknown 18. Mother's Name (First, Middle, Maiden Sumame) 17. Father's Name (First, Middle, Last) Be William Smardon Sarah James 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) Betsv Allen/Granddaughter 38823 Bay View West Selbyville, DE 19975 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 20a. Method of Disposition Department of Importent: If It any injury or one 1X Burial 2 ☐ Cremation 3 ☐ Removal from State Woodlawn Cemetery 9-26-2006 Woodlawn, MD 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility Harry H. Witzke's Family FH Inc. 21. Signature of Funeral Service Lige /M01044 (em 4112 Old Columbia Pike Ellicott City, MD 21043 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) 1Pavs neim Physician /Medical Due to (or as a consequence of): Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Due to (or as a consequence of) Examine The law requires that the death certificate be executed attending physician and for use as the burial-transit Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of) Division of Vital Records, P.O. Box 68760 Physiclan/Medical IF FEMALE: 23c. If yes, outcome of pregnancy
1 Live birth 2 Fetal death 23d. Date of delivery 23b. Was decedent pregnant 3 Ectopic pregnancy Year Month Day in the past 12 months? 5 ☐ Other (specify) 4 Pregnant at time of death been signed by the should be detached 9 Unknown 23e. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. þ 1 ☐ Yes Z⊠No 3 ☐ Probably 4 ☐ Unknown Completed 24a. Was an 24b. Were autopsy findings available prior to completion of cause of death? autopsy 1 ☐ Yes 2 PNo 2 No certificate Attending Physician: 26. Place of Death (Check only one) 25. Was case referred to medical Be examiner Other: ◆ Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2- No 1 Inpatient 2 ER/Outpatient 3 DOA Certification: To this After thi funeral of 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 28c. 27. Manner of Death 1 Natural 5 Pending 1 ☐ Yes 2 ☐ No death. investigation 2 Accident filled in by the Director: 28f. Location (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide ŏ To the Hospitel within 24 hours a To the Funerel ( t 🔁 Certifying Physicien: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29a. Certifier Medical 2 Medical Exeminer: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one) 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifier 29c. License number 37573 9,7006 30. Name and address of person who completed bause of teath (Item 23a) (Type, Print) Reistaiston WD

302

31. Date filed (Month, Day, Year) State SEP 2 0 2006 Registrar

gistrar's Signature

		•	State of Maryland / Dep	artment of Health and Mertificate of Death		ene 2006	31291
			Decedent's Name (First, Middle, Last)		2. Date of Death Month	Day Year	3. Time of Death
	Physicia /Medic		Charles Eugene Doll, Senior		September.		09:35 AM
	Examin		4a. Facility Name (If not institution, give street and number)	4b. City, Town, or Location of Death		4c. County of Death	
			Washington County Hospital  5. Social Security Number 6. Sex 7. Age (In yrs. last birthday	Hagerstown    If Under 1 Year   If Under 24 Hrs.			place (State or Foreign
	Funeral Director		180–07–4113   1⊠ M 2□ F   89   Yrs.	Months Days Hours Min.	8. Date of Birth (Month, Day, Y		nsylvania
	ס		Usual Residence of Decedent		INC. JI		- 1.0
	ehow	7	Maryland Washington Co. Williamsp				10d. Inside City Limits 1 ☐ Yes 2 No
	the M	ecto	10e. Street and Number	10f. Zip Code	100	. Citizen of What Cou	
	3a or	Funeral Director	16505 Virginia Avenue	21795		U.S.A.	
	death	nera		Was Decedent of Hispanic Origin? (Sp. If Yes, specify Cuban, Mexican, Puerto	ecify Yes or No-	14. Race - Amer Black, White	
36	or Ite	by Fu	1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 ☑ No If Yes, Give	1 ☐ Yes 2 ☑ No Specify:	Thours, Dio.)	Specify	
ğ	hour:	ed b	3 X Widowed 4 □ Divorced Year or Dates:  15. Decedent's Education 16a. Deci	edent's Usual Occupation	16	b. Kind of Business/li	nite
5	nin 72 n na Madic	piet	(Specify only highest grade completed) (Giv.	e kind of work done during most of work. DO NOT use retired)	ing		idustry
2	ed with	Completed	10	motive Engineer	K	Railroad	
Maryland 21215-0036	ges 1 and 2 should be tiled within 72 hours after death with the Maryland it of Health and Mental Hygiene. It of Health and Mental Hygiene. or items 23a or 28a-f ehow or other traumatic event, the Madical Examinar must be notified at or other traumatic event, the Madical Examinar must be notified at	Be	17. Father's Name (First, Middle, Last)	18. Mother's Name	e (First, Middle, Ma m	iden Sumame)	
<u>=</u>	hould d Mer mark	ဥ	Raymond J. Doll  19a. Informant's Name/Relationship (Type, Print)  19b. Mail	ing Address (Street and Number or Rura		City or Town State 7	n Code)
Š	and 2 sealth ar n 27 io		1 1 2 1	Box 1172 Quentin			,
ġ,	of Hear		20a. Method of Disposition 20b. Place of Disposition cemetery, cre	matory or other place)		c. Location - City or T	
Ĕ	Pages ment of I ant: If its ury or o		1 Burial 2 Scremation 3 Removal from State 4 Donation 5 Other (Specify)	rg Crematory Sept.	21,2006	Smithsbu	rg, MD
Baltimore,	permit. Pages Dep. rtment of Important: If it any injury or o		107			Fiery Fund	
	46244			331 Eastern Blvd.N			21742 Approximate
			23a. Part1. Enter the disease, or complications that caused the death. Do not er shock, or head failure. List only one cause on each fine. Immediate Cause (Final	AC 100	or roop natory arroot	,	Interval Between Onset and Death
	Pnysician /Medical		disease or condition resulting in death)  a	Jar accident	- 35-31-		2 days
	Examiner		Atrial Fibril	lation			vears
	Sit 9d	iner	if any, leading to immediate cause. Enter Underlying		•		
	and and Il-tran	Examiner	Cause (Disease or injury that initiated events resulting in death) Last  C. Atherosclerot  Due to (or as a consequence of):	ic Heart Dise	ase		years
8760,	cate be executed physicien and the burial-transit	dicai E	d				
89	tificate ng phy as the	fedic	V.				
Вох	eath certific attending p	an/h		□Ectopic pregnancy		23d. Date of deliv	ery Day Year
o. E	Attending Physicien: The law requires that the death certific ardeath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctordath.  ctord	Physician/Me	1   Yes 2   No 9   Unknown   4   Pregnant at time of death 5	Other (specify)		WORL	Day Feat
٣.	res that the de signed by the a I be detached f	/ Ph	Part II. Other significant conditions contributing to death but not resulting in the	underlying cause given in Part I.	23e. Did tobac	cco use contribute to	the cause of death?
g	quires n sign ld be	d by	Diabetes Mellitus		1 ☐ Yes	2 □ 10 3 □ Pro	bably 4 Unknown
Division of Vital Records, P.O.	aw require s been sig 2 should b	Completed	Chronic Renal Insufficiency		24a. Was an	24b. Were aut	opsy findings available ompletion of cause of
Ĕ	The I	Com	/		autopsy performe 1 Yes 2	d? death?	
/ita	cien: ertific ector,	Be	25. Was case referred to medical examiner?		(Check only one)		
6	Physic rthis ral dir	<u>۲</u>	1		me 5 Residence 28d. Describe how	e 6 Other (Speci	fy)
0	th. : After	ition	27. Manner of Death  1 Matural 5 Pending 2 Accident investigation 28a. Date of Injury (Month, Day Year) Injury	of 28c. Injury at Work?  M 1 □ Yes 2 □ No	200. Describe now	injury occurred	
<u>Visi</u>	Attar ar dea ector by the	Certification:	3   Suicide 4   Homicide  6   Could not be determined  28e. Place of Injury - At home, farm, s building, etc. (Specify)	treet, factory, office	28f. Location (Stree City or Town, S	et and Number or Rur	al Route Number,
õ	Itel or A irs after ral Directled in by		Dullang, de. (oppolity)		Only of Young	Sidie)	
	To the Hospitel or Attending Physicien: The law within 24 hours after death.  To the Funeral Director: After this certificate has completely filled in by the funeral director, pege 2	Medicai	29a. Certifier  (Clast oray one)  1 Certifying Physician: To the best of my knowledge, deal continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continu	th occurred at the time, date and place, ovestigation, in my opinion, death occurr	and due to the caus ed at the time, date	se(s) and manner as and place, and due	stated. o the cause(s)
	o the ithin 2 o the omple	Med	29h Signature and title of certifier	29c. License number	29d	. Date signed (Month,	Day, Year)
	- s - ō		cynthia Kuther- Sand M	D47451	Se	ptember a	10,2006
		9	Depthie Kuther-Sand of Manne and address of person who completed cause of death (Item 23a) (Type Cynthia Kuther-Sands and 14217 Po	, Print)	A Han	erstown 1	lacyland
3H	-8		CYNTHIA KUTTHER-SAND 17217 PO 31. Date filed (Month, Day, Year) 32. Registrar's Signature	incuse Church Noc	3		217+2
	Sta Registr		SEP 2 1 2006	breeke			

State of Maryland / Department of Health and Mental Hygien 200631292 For State Registra Certificate of Death 3. Time of Deathp 2. Date of Death Decedent's Name (First, Middle, Last) **Physician** September17, William Thomas Davis 2006 7:00 /Medical 4c. County of Deeth 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death Examiner 8535 E. Marlboro Drive Delmar Wicomico If Under 1 Year | If Under 24 Hrs. Months Days Hours Min. 7. Age (In yrs. last birthday) 8. Date of Birth Month, Day, Year 6/24/1936 9. Birthplace (State or Foreign Country) Maryland 5. Social Security Number 6. Sex **Funeral** 1(**X**M 2□ F 70 Yrs 220-32-7613 Director Usual Residence of Decedent the Maryland 10b. County 10c. City, Town or Location 10d. Inside City Limits 10a. State 28a-f show other treumatic event, the Madical Examiner must be notified at 1 Yes 2 No Director Maryland Wicomico Delmar 10e. Street and Number 10g. Citizen of What Country? 10f. Zip Code ö 8535 E. Marlboro Drive 21875 USA or items 23a Funeral death 12. Was Decedent Ever in U.S. Armed Forces? 1 XYes 2 ☐ No Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, 11. Marital Status Black, White, etc. filed within 72 hours after 1 Never Married 2 Married Baltimore, Maryland 21215-0036 1 ☐ Yes 2 X No f Yes, Give Year or Dates: Specify Specify. Army þ 3 ☐ Widowed 4 💆 Divorced white "natural", Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry than Elementary/Secondary (0-12) College (1-4or 5+) 12 Owner/operator Trucking other 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be if Health and Mental I Pages 1 and 2 should be George Thomas Davis Dorothy Flowers ပ္ 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1415 Keller Rd., West Palm Beach, FL 33406 Mike K. Davis/son 20b. Place of Disposition (Name of cometery, crematory or other place)
Wicomico Memorial 20c. Location - City or Town, State 20a. Method of Disposition permit. Pages 1 Department of H important; If its sny injury or ot once. 1 ☐ Surial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 9/21/06 Salisbury, MD Park 1. Signature of Funeral Service Licensee 22 Name and Address of Facility Home Professional Association H. Rompson David 501 Snow Hill Rd., Salisbury, MD 21804 CFSP 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest shock, or heart failure. List only one cause on each line. Interval Between Onset and Death Immediate Cause (Final disease or condition Metastatic Osteosarcoma Physician months resulting in death) /Medical Due to (or as a consequence of) Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): Examiner or Attending Physician: The law requires that the death certificate be executed attending physicien and Due to (or as a consequence of): P.O. Box 68760, Physician/Medical as the IF FEMALE: use 23c. If yes, outcome of pregnancy 1 ☐ Live birth 2 ☐ Fetal dea 23d. Date of delivery 23b. Was decedent pregnant 2 Deetal death 3 Ectopic pregnancy in the past 12 months? Month Day Year 4☐Pregnant at time of death 5 Other (specify) 1 ☐ Yes 2 ☐ No 9 Unknown 9 Unknown 23e. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Division of Vital Records, à 2 ZINo 3 Probably 4 ☐Unknown 1 ☐ Yes Completed 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death?

1 ☐ Yes 2 ☐ No 1 Yes 2 1 No 25. Was case referred to medical Be 26. Place of Death (Check only one) examiner? Other: 4 Nursing Home 5 Stesidence 6 Other (Specify) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 ☐ Yes 2 No Certification: To 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred After 1 Natural 2 Accident Injury 5 Pending 1 ☐ Yes 2 ☐ No To the Hospital or Attendi within 24 hours after death. To the Funeral Director: A investigation the t 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, State) filled in by 4 - Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated Medical (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signature and tiple of certifier 29c. License number 29d. Date signed (Month, Day, Year) N.O 10 114 030690 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Carrell ST. Jolisburg, Martin M.D.

Registrar

State

31. Date filed (Mos

32. pegistrar's Signature

			For State Registrar	State of	Marylar	-		t of He		ınd M	ental Hyg	giene Reg. No.	200	6	31293
	Physici /Medic		1. Decedent's Name (First, Middle, Glenda Le	Last) Orraine Du	ıdrow						2. Date of Dea Septemb		26, 29	<b>3</b> 06	3. Time of Death 3:45 AM M
	Examin		4a. Facility Name (If not institution, Frederick Men					Town, or leder		f Death			County of D		
H	Funeral Director		218-30-9289	6. Sex 1 □ M 2 🂢 F	7. Age (In yrs. 73	last birthday) Yrs.	If Under Months		If Under 2 Hours	Min.	8. Date of Birth Month Day April	Year 1	933 ^{9.}		ace (State or Foreign Tand
	Maryland f show	ō	Usual Residence of Decedent  10a. State 10b. County  Maryland Freder	rick		ty. Town or Lo								10	od. Inside City Limits
	death with the Maryland ome 23a or 28a-f show ir must be notified at	Funeral Director	10e. Street and Number 2500 Hemming	Way Drive	, Unit	2D	10f. Zip	Code 21702				10g. Citi	zen of What	Count	try?
	2 should be filed within 72 hours after death with the Marylan and Mental Hygiene. Is marked other then "natural, or Iteme 23a or 28a-f show aumatic event, Ite Medical Examinar mast be notified at	δ	11. Marital Status  1 Never Married 2 Marrie  3 Widowed 4 Divorced	12. Was Dece Armed For 1 Tes If Yes, Giv. Year or Da	ces? 2 <b>X</b> ]No	1	Was Dece f Yes, spe	cify Cuban	panic Orig Mexican Specify:	gin? (Spe , Puerto	ecify Yes or No- Rican, etc.)		14. Race - A Black, V Specify:	/hite, e	itc.
Maryland 21215-0036	be filed within 72 hours after tal Hygiene. d other then "natural", or Ite event, Ite Medical Examina	Completed	15. Decedent (Specify only highes Elementary/Secondary (0-12)	s Education t grade completed) College (1	4or 5+)		kind of wo DO NOT u	al Occupat ork done du se retired)	ıring most	of worki	ng		unty (		,
land.	buid be filed Mental Hyg arked othe atic event,	To Be C	17. Father's Name (First, Middle, L Samuel E	lmer Brown	ı	•					(First, Middle, an Mae (				
	and 2 should Belth and Men n 27 le marke ler traumatic		19a. Informant's Name/Relationsh Robert A. Dudre								OWN, Ma				
more	Pages 1 nent of H ant: If Itan ary or oth		20a. Method of Disposition  XXBurial 2 Cremation 4 Donation 5 Other (Sp			Place of Dispo cemetery, crem unt Oliv	natory or c	ther place	Sept		2006	20c. Location · City or Town, St Frederick, MD			
Balti	permit. Pages Depertment of important: If It eny injury or o		21. Signature of Fune at Service L	icense	MOO25	55 <b>1</b> 0	Keer 6 Eas	ney a st Ch	hdf Ba urch	sfor St.,	d PA Fu Frede	ner rick	al Hor , MD 2	ne 2170	01
	Physician /Medical Examiner		23a. Part1. Enter the disease, or shock, or heart failure. List of Immediate Cause (Final disease or condition resulting in death)	aa	used the deal ach line. or as a consec	x f	er the mod	de of dying	, such as	cardiac o	or respiratory ar	rest,	1/4		Approximate Interval Between Onset and Death
8760, ¢	cate be executed physician and the burial-transit	dical Examiner	Sequentially list conditions, " If any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	c	or as a consec					-					
O. Box 68	The law requires that the death certificate has been signed by the attending pigage 2 should be detached for use as t	by Physician/Med	IF FEMALE: 23b. Was decedent pregnant in the past 1s menths? 1 ☐ Yes 2 M No 9 ☐ Unknown		nth 2 ∐ Feta antattime of o	aldeath 3□	Ectopic p Other (s					2	23d. Date of Month		ry Day Year
rds, P.O	quires that I n signed by uld be deta	d by Ph	Part II. Other significant condition	ns contributing to de	ath but not res	sulting in the u	nderlying (	ause give	n in Part I.		V				e cause of death? ably 4 □Unknown
Division of Vital Records,	n: The law require icate has been si, r, page 2 should t	Completed									24a. Was autop perior 1 □ Yes		24b. Were prior death	autop to com h? Yes	psy findings available inpletion of cause of
Į Ž	nysiclar iis certif director	To Be	25. Was case referred to medical examiner?  1 Yes 2 6	Hospital: 1	npatient 2	] ER/Outpatien	t 3 🗆 D0	Othe			n <i>(Check only o</i> me 5 ☐ Resid		Other (5	Specify	)
o nois	ending Pt sath. or: After th		27. Manner of Death  1 Natural 5 Pending investig	ation	f Injury h, <i>Day Year)</i>	28b. Time of Injury	м	28c. Injury Work 1 □ Y	at ? es 2 □ h		28d. Describe h	iow injur	y occurred		
DIVIS	To the Hospital or Attending Physician: The within 24 hours after death.  To the Funaral Director: After this certificate his completely filled in by the funeral director, page	Certification:	3 ☐ Suicide 6 ☐ Could n 4 ☐ Homicide determi	ned 288. Place	of Injury - At h	nome, farm, str ify)	eet, factor	y, office		-	28f. Location (S City or Тои	treet and m, State,	d Number o. )	r Rural	Route Number,
	Hosp     24 hou     Funal letely fil	Medical	29a. Certifier 1 Certifying (Check only one) Medical I	g Physician: To the Examiner: On the ba and mann	sis of examina	owledge, death ation and/or in	occurred	at the time i, in my opi	e, date and inion, deat	d place, a	and due to the o	cause(s) date and	and manne place, and	r as sta due to	ated. the cause(s)
	To th within To th compl	Me	29b. Signature and title of centrier	Page	Lone	N	29	D 13					e signed (M ember		Day, Year) , 2006
	12		30. Name and address of person v	1/		Wost-	Nintl	n.Str	oet.	Free	derick,	MD	21 701		
	Sta Registi		31. Date filed (Month, Par Tear)		infetrar's Sign	ature	pess	Jour		116	LOI LOIN,	יווי	/ VI		

Registrar Certificate O	f Death	Reg. No. 200	6 31294
1. Decedent's Name (First, Middle, Last)  Physician  Arthur Einhorn		of Death h ember 13, 2006	3. Time of Death 8:05 P. M
/Medical Examiner  4a. Facility Name (If not institution, give street and number) Shady Grove Adventist Hospital Ab. City, Town Rockvi	, or Location of Death	4c. County of Dea	
Funeral Director 5. Social Security Number 109-20-2615 6. Sex 1 M 2 F 7. Age (In yrs. last birthday) If Under 1 Ye Months Day	ar If Under 24 Hrs. 8. Date (Mon) rs Hours Min. Feb	th, Day, Year) Co	thplace (State or Foreign ountry) W York, N. Y.
Usual Residence of Decedent  10a. State 10b. County 10c. City, Town or Location Maryland Montgomery Montgomery Vill	age		10d. Inside City Limits 1X Yes 2 □ No
10e. Street and Number 10f. Zip Cod 20880	9	10g. Citizen of What Co	ountry?
Maryland Montgomery Montgomery Vill  10e. Street and Number  10f. Zip Cod  19044 Mills Choice Road, # 4  20880  11. Marital Status  1 Never Married 2 Married  3 Widowed 4 Divorced  20880	of Hispanic Origin? (Specify Yes uban, Mexican, Puerto Rican, et	or No- c.) 14. Race - Ame Black, Whit	
15. Decedent's Education 16a, Decedent's Usual Oc	ne during most of working ired)	16b. Kind of Business	
To be the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second	18. Mother's Name (First, M Gertrude Me	fiddle, Maiden Sumame)	
19a. Informant's Name/Relationship (Type, Print)  Scott E. Einhorn – Son  11411 Apples	et and Number or Rural Route M grath Way, Germ		
20a. Method of Disposition    20b. Place of Disposition (Name of cemetary, crematory or other)	Date 9/17/200	20c. Location - City or Falls Chur	Town, State ch, Virginia
Conold . Culture 1091 Roc	dress of Facility agel Funeral Di kville Pike, Ro	rection, Inc.	land 20852
Physician  [Medical Part]. Enter the disease, or complications that caused the leath. Do not enter the mode of a shock, or heart failure. List only one cause on each line.  [Immediate Cause (Final disease or condition resulting in death)  [Immediate Cause (Final disease or condition resulting in death)  [Immediate Cause (Final disease or condition resulting in death)	tying, such as cardiac or respiral	tory arrest,	Approximate Interval Between Onset and Death
Sequentially list conditions, if any, leading to mediate  b. A C4H Ren4l T9  Due to (or as a consequence of):	6		Zdaj
That initiated events resulting in death) Last  Due to (or as a consequence d):  Due to (or as a consequence d):	estiz Ca		2 days
The property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property o		23d. Date of de Month	livery Day Year
Part II. Other significant conditions contributing to death but not resulting in the underlying cause	given in Part I. 23e.	Did tobacco use contribute to	o the cause of death?
The law require the law require the law require the law require the law require the law require the law require the law require the law require the law require the law requirements of the law requirements of the law requirements of the law requirements of the law requirements of the law requirements of the law requirements of the law requirements of the law requirements of the law requirements of the law requirements of the law requirements of the law requirements of the law requirements of the law requirements of the law requirements of the law requirements of the law requirements of the law requirements of the law requirements of the law requirements of the law requirements of the law requirements of the law requirements of the law requirements of the law requirements of the law requirements of the law requirements of the law requirements of the law requirements of the law requirements of the law requirements of the law requirements of the law requirements of the law requirements of the law requirements of the law requirements of the law requirements of the law requirements of the law requirements of the law requirements of the law requirements of the law requirements of the law requirements of the law requirements of the law requirements of the law requirements of the law requirements of the law requirements of the law requirements of the law requirements of the law requirements of the law requirements of the law requirements of the law requirements of the law requirements of the law requirements of the law requirements of the law requirements of the law requirements of the law requirements of the law requirements of the law requirements of the law requirements of the law requirements of the law requirements of the law requirements of the law requirements of the law requirements of the law requirements of the law requirements of the law requirements of the law requirements of the law requirements of the law requirements of the law requirements of the law requirements of the law requirements of the law requir	24a.	autopsy prior to performed? death?	utopsy findings available completion of cause of
S = 5 0 0 25. Was case referred to medical examiner?  1 □ Yes 2⊠ No Hospital: 1 ☑ Inpatient 2 □ ER/Outpatient 3 □ DOA	26. Place of Death (Check	only one)   Residence 6   Other (Spe	acitul
		cribe how injury occurred	sury)
27. Manner of Death 1 SNatural 2 — Accident 3 — Suicide 4 — Homicide 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 28e	City	tion (Street and Number or R or Town, State)	
29a. Certifier (Check only one)  29a. Certifier (Check only one)  29a. Certifier (Check only one)  29a. Certifier (Check only one)  29a. Certifier (Check only one)  29a. Certifier (Check only one)  29a. Certifier (Check only one)	e time, date and place, and due t y opinion, death occurred at the	o the cause(s) and manner at time, date and place, and due	s stated. e to the cause(s)
29b. Signature and title of certifier	ense number	29d. Date signed (Month	
30. Name and ad ress of person in completed cause of death (Item 23a) (Type, Print)  VAO VID ZILV GGOI Medul Ceste	Dan Rada	7/. ~~ -	,,,,
YAOYAO CIL) GGOI MEDICE TE	1/1/1/ CUCO	15807 cm / m	D

#### 06-07009

Robert Albert Ezerins

Please Type or Print in Black Indelible Ink

Maryland / Department of Health and Mental Hygiene

		State Of Maryland I- For State Registrar 1. Decedent's Name (First, Middle, Last)	Certificate of Dea	th	Reg No.		3129
Physici dical Exami		Robert Albert Ezerins			Month Day eptember 17,	2006 Year 0	ime of Death 203 hrs
		4a. Facility Name (if not institution, give street and number)	,	Town, or Location of Death	40	c. County of Death	
. 3		Calvert Memorial Hospital  5. Social Security Number 6. Sex 7. Ag		ce Frederick		Calvert	
Funeral Director		214-35-2146   1x M 2 F	ge (In yrs. last birthday)  21  Yrs  If Und Monti	ns Davs Hours Min	IOV 21 19	700/YYYY) 9. Birthplac Foreign Country)	Marylan
any		Usual Residence of Decedent  10a. State 10b County	10c. City, Town or Location			10d.	Inside City Limits
* .	jo.	Maryland Calvert	St. Leonard			1 [	Yes 2 X No
ine in	Dire	10e. Street and Number 1536 Elm Road		p Code 0685		izen of What Country?	s
h with tl ms 23a be not	Funeral	11. Marital Status 12. Was Decedent 1 Washever Married 2 Married Armed Forces		ent of Hispanic Origin? (Specify ify Cuban, Mexican, Puerto Rica		14. Race - American Ir White, etc.	ndian, Black,
or death	FI	1 Yes 2	X No		iii, etc.)	white	
5-0036 led within 72 hours afte dygiene other than "natural", the Medical Examiner	ò	Widowed 4 Divorced If Yes, Give Year or Dates:  15. Decedent's Education (Specify only highest grade continuous)    Divorced   If Yes, Give Year   Or Dates		No specify:  I Occupation (Give kind of work of	done 16b.	Specify: Kind of Business/Indust	ry
5 72 ho n "na sal Ex	lete	Elementary/Secondary (0-12) College (1-4 or	5+) during most of wo	orking life DO NOT use retired)			
21215-0036 Muld be filed within 7 Mental Hygiene marked other than ic event, the Medica	Completed	12	cook	Land in the 15		sturant	
21215-0036 uld be filed within Mental Hygiene marked other tha c event, the Media	Be C	17. Father's Name (First, Middle, Last)  Valter Ezerins		18.Mother's Name (First Carolyn		,	
Z'IZ Z'IZ J'Ment Mark mark ic ever	္	19a Informant's Name/Relationship (Type, Print )		s (Street and Number or Rural	Route Number, C	ity or Town, State, Zip (	Code)
e, MD 7		Valter Ezerins- father		Rd. St. Leonar			
imore, MD 212' Pages I and 2 should be ment of Health and Mental tant: If item 27 is marke or other traumatic event		20a. Method of Disposition  1 X Burial 2 Cremation 3 Removal from St	20b. Place of Disposition (Na crematory or other place			Location - City or Town	
Baltimore, permit. Pages I ar Department of Hec Important: If ite		4 Donation 5 Other Specify:		ney Cemetery	Prir	nce Frederick	Maryland —
baltil permit. I Departm Importa injury on		21. Signature of Funeral Service Licensee			sch Funera		
Physician	11	23a. Part I. Enter the disease, or complications that caused	the death. Do not enter the mode	of dying, such as cardiac or res	piratory arrest, sh	ock, or heart Ap	proximate Interval
/Medical Examiner	8 8	failure. List only one cause on each line.  Immediate Cause (Final disease a. Multiple Injuries	3			Be	etween Onset and Death
Examilie		or condition resulting in death) Due to (or as a cons	equence of):				
	힐	Sequentially list conditions, if any, leading to immediate b. Due to (or as a cons	equence of);				
	Examiner	cause. Enter Underlying Cause (Disease of injury that initiated events resulting in death). Last	carrience of)				
uted nd ransit		events resulting in death) Last Due to (or as a considerable d.	equence ory.				
50, te be executed ysician and burial - transit	Medical	UNPENDED AMENDED					
760, ficate be g physical the buri	/We	IF FEMALE: 23c. If yes, outcomes the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state o		2 5	23	d. Date of delivery	V
P.O. Box 68 that the death certifi ned by the attending detached for use as	Physician/	past 12 months?  4 Pregnant at	2 Fetal death time of death 5 Other (Spe			Month Day	Year
boy e deatl the att	hysi	1 Yes 2 No 9 Unknown 9 Unknown	= 00 = = = = = = = = = = = = = = = = =				
that th	by P	Part II. Other significant conditions contributing to deat	h but not resulting in the underlying	g cause given in Part I.		use contribute to the ca	
ords, F w requires s been sign should be	ted				24a. Was an	24b. Were autopsy	
Division of Vital Records, P.O. ral or Attending Physician: The law requires that it is after death. After this certificate has been signed by led in by the funeral director, page 2 should be detacted.	Completed				autopsyperformed?		etion of cause of
tal Ke tian: The certificate ector, page		25. Was case referred to medical		26 Place of Death (Check only		lo 1 🗸 Yes	2 No
VITAL ysician his cert directo	o Be	examiner?	ent 2 🗸 ER/Outpatient 3	DOA Other Nursing Ho		ence 6 Other:	
1 Of V Jing Phys After thi funeral d	-	27. Manner of Death 28a. Date of Inju	ury 28b Time of Injury		Describe how inj		
IOD Itendii leath tor: / the fu	atio	1 Natural 5 Pending Sep 17, 2006 2 ✓ Accident Investigation	6°47 0044 hrs	1 Yes 2 V No	cted passeng	er auto rollover	
DIVISION pital or Attenc ours after death eral Director:	Certification:	3 Suicide 6 Could not be 28e. Place of Ir	njury - At home, farm, street, factor		or Town, State)	and Number or Rural Ro	oute Number, City
ospital hours nneral y fille		4 Homicide determined (Specify) Lo				int Leonard, MD	
DIVISION Of VITAL RECOIDS, P.O. BOX 68/60,  To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours after death  To the Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be detached for use as the burial - transi	Medical	one) 2 Medical Examiner: On the basis of exa	amination and/or investigation, in m				se(s)
	Mec	and manner stated 29b. Signature and title of certifier		c License number	29d.	Date signed (Month, D	ay, Year)
5 i i i i i i i i i i i i i i i i i i i		his his mit		O.C.M.E.	Sep	otember 17, 2006	
. To		100					
		30. Name and address of person who completed cause of c	· · · · · · · · · · · · · · · · · · ·				
or 100 100 100 100 100 100 100 100 100 10		30. Name and address of person who completed cause of c Ling Li, MD Assistant Medical Examine		imore, MD 21201			

• •		
State of Maryland	/ Department of Health a	nd Mental Hygiene 2006

			For State Registrar		State	of Maryl	and / Depa	artment o rtificate	f Heal of Dea	ith and N ath		jiene 2 () eg. No.	06	31296		
			1. Decedent's Name	e (First, Middle, L	ast)						2. Date of Dea Month	th Day	Year	3. Time of Death		
	Physici /Media		MARY	A. FANOS								R 17, 200		9:05 P ^M		
)	Examir		4a. Facility Name (/			umber)		4b. City, Tow	n, or Loca	ation of Death		4c. County	of Death			
			10421 GA 5. Social Security N	ATEWOOD TEI	RRACE Sex	7 400 //0	yrs. last birthday)	SI If Under 1 Ye		SPRING Inder 24 Hrs.	8. Date of Birth	MONTG				
Н	Funeral Director		163-30-79		1 □ M 2 🖒 F		yrs. last billiloay) Yrs.			ours Min.	(Month, Day NOVEMBER	, Year)	Сои	place (State or Foreign ntry) ANSAS		
	D		Usual Residence of				17				MOVEDER	24,1700	AIN	ANDAO		
	how	_	10a. State	10b. County		100	. City, Town or Lo	ocation						10d. Inside City Limits		
	Ba-1-	cto	MARYLAND	MONTGOM	ERY			SILVER SI	PRING					1 ☐ Yes 2 ∏ No		
	with th	F	10e. Street and Nur					10f. Zip Cod	ie			0g. Citizen of V	/hat Cou	intry?		
	• 23e	a a		TEWOOD TE		cedent Ever	:all C 12	Man Donadant		903	acifu Vac or No	14 Pag	U.S	can Indian.		
21215-0036	permit. Pages 1 end 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Plygiene. Important: if Item 27 is marked other then "neture!, or Iteme 23s or 28s-f ehow important: if Item 27 is marked other then "neture!, or Iteme 23s or 28s-f ehow any injury or other traumatic event, its Medical Exatt per must be notified at once.	by Funeral Director	11. Marital Status 1 □ Never Marri 3 ☒ Widowed	ied 2 ☐ Married 4 ☐ Divorced	Armed F	forces? 2⊠No live		Was Decedent If Yes, specify ( 1 ☐ Yes 2 █			pecify Yes or No- Rican, etc.)		k, White,			
Ŏ	72 ho	ted	/Spec	15. Decedent's I	Education	0	16a. Dece	dent's Usual Od	cupation	most of work	(IDO	16b. Kind of Bu	siness/Ir	ndustry		
21	ithin 7	Completed	Elementary/Seco			(1-4or 5+)	life.	DO NOT use re	tired)	inost of work	Wing					
21	ygier ygier her th		2	(Final Middle 1 -	.1			HOMEMAKEI			OWN HOME 's Name (First, Middle, Maiden Sumame)					
and	if be find the office of others.	Be	17. Father's Name	ER STATHAKI					18. 1				θ)			
Maryland	should nd Me mark matic	ဥ	19a. Informant's Na				19b. Maili	na Address (Sti	eet and N		OULA POLYC		State. Zii	p Code)		
S	od 2 silith ar 27 is r trau			FANOS - I							LVER SPRI	•				
ē,	othe		20a. Method of Dis	position		20	b. Place of Dispo	sition (Name o	1		Date	20c. Location -				
E	Page In the Page			☐ Cremation 3 5 ☐ Other (Spec		State P	cemetery, cre ARKLAWN ME ND MENORAH	MORIAL P. GARDENS	ARK	9/20/	2006	ROCKVILL	E, MA	RYLAND		
Baltimore,	permit. Pag Department Important: eny injury once.		21. Signature of Fu	yelin T	¥		HOME, INC		G. MA	RYLAND 20904						
			23a. Part1. Enter to shock, or hea	he disease, or con rt failure. List onl	mplications that y one cause on				Approximate Interval Between							
1	Physician /Medical		Immediate Cause disease or condition resulting in death)		aATI					Onset and Death 2 YEARS						
	Examiner		,		Due to	o (or as a cor	nsequence of):									
	D ==	ner	Sequentially list co if any, leading to in cause. Enter Unde Cause (Disease or	nditions, nmediate orlying	b. — Due to	o (or as a cor	nsequence of):				<u> </u>					
	ecuter and -trans	Examiner	Cause (Disease or that initiated events resulting in death)		C	/01.00.0.00	nsequence of):									
8760,	cate be executed physicien and the burial-transit	dical E		· ·	, D00 K	(01 43 4 001	isequence oi).									
687	ificate p physas the				d											
P.O. Box	requires that the death certificate be executed een signed by the attending physicien and hould be detached for use as the burtal-transit	Physician/Me	IF FEMALE: 23b. Was deceden in the past 12 1 ☐ Yes 2 ☐ 9 ☐ Unknown	months?		birth 2   nant at time	Fetal death 3	∃Ectopic pregna ☐ Other (specif)				23d. Dat Moi		ery Day Year		
	ires that signed by	y P	Part II. Other signif	icant conditions	contributing to	death but no	t resulting in the u	nderlying cause	given in I	Part I.	23e. Did to	bacco use contr	bute to t	the cause of death?		
rds	w requires been sign should be	ed b	UPPER GA	STROINTEST	INAL BLEE	EDING					1□Y	es 2⊠No	3 🗆 Pro	bably 4 □Unknown		
Records,		Completed by	24								24a. Was a autop:	in 24b. V	Vere auto	opsy findings available ompletion of cause of		
E E	eician: The law certificate has b irector, page 2 sl	ĕ									perfor	med? c	eath?	2 No		
Vital	yeiclan: is certific director,	Be	25. Was case refer examiner?	red to medical							th (Check only or					
of	> 0 0	5	1 Yes 2 X				2 ER/Outpatie			☐ Nursing Ho	ome 5 Resid			fy)		
o U	ding. h. After funer	ton	1 X Natural	5 Pending investigati		of Injury nth, Day Yea	nr) Injury		njury at Work? 1 ∐ Yes	2 🗆 No	28d. Describe h	ow injury occurr	<del>B</del> u			
Division	Attending r death. ector: Alter by the fune	flca	2 Accident 3 Suicide	6 Could not	be 28e. Ptac	e of Injury -	At home, farm, st				28f. Location (S	treet and Numb	er or Run	al Route Number,		
ă	s afte el Dire ed in b	Certification:	4  Homicide		buil	ding, etc. (S	pecify)				City or Tow	n, State)				
	To the Hospitel or Attending Ph within 24 hours after death. To the Funerel Director: Atter th completely filled in by the funeral	Medical	29a. Certifier (Check only one)	1⊠ Certifying F 2☐ Medical Exa	aminer: On the	ne best of my basis of examender stated.	knowledge, deat mination and/or in	h occurred at the vestigation, in r	e time, da ny opinion	ate and place, n, death occur	and due to the c red at the time, o	ause(s) and ma ate and place, a	nner as s and due t	stated. to the cause(s)		
	To t	Σ	29b. Signature and	title of certifier	\$ 11			29c. Li	ense num	nber	2	9d. Date signed	(Month,	Day, Year)		
	25		1 4	made	x Ma				MD 31	1362		SEPTEMBER	18,	2006		
_			30. Name and addr		~				K SQUA	RE BLDG	#348, WAS	HINGTON,	D.C.	20016		
	Sta Regist		LINDA YAU, M.D., 3301 NEW MEXICO AVENUE, N.W., FOX SQUARE BLDG #348, WASHINGTON, D.C. 20016  31. Date filed (Month, Day, Year)  SEP 19 2006  32. Segistrar's Signature													

			State of Maryland / Dep	artment of Health and M	-	•	
			, roi	ertificate of Death		2006	31297
Г			1. Decedent's Name (First, Middle, Last)	75	2. Date of Death		3. Time of Death
	Physicia /Medic		PAULE FEITON,	1/2.	Month	Day Year	2/0 × M
	Examin		4a. Facility Name (If not institution, give street and number)	4b. City, Town, or Location of Death		4c. County of Death	
			Mandrin Chesapeake Hospice House  5. Social Security Number 6. Sex, 7. Age (In yrs. last birthday	Harwood  If Under 1 Year   If Under 24 Hrs.	8. Date of Birth	Anne Arui	
	Funeral Director		165-32-7448 11 M 2□F 69 Yrs.	Months Days Hours Min.	(Month, Day, ) 10/28/1	936 Penns	olace (State or Foreign otry) Sylvania
	pur *		Usual Residence of Decedent           10a. State         10b. County         10c. City, Town or I.	acation			0d. Inside City Limits
	daryle f sho	ō					1 ☐ Yes 2 🎇 No
	28a-	rect	Virginia Northampton Exmo	10f. Zip Code	100	g. Citizen of What Cour	ntry?
	h with	ai Di	10439 Occohannock Blvd.	23350		USA	
	r dea	Funeral Director	11. Marital Status 12. Was Decedent Ever in U.S. 13. Amed Forces?	Was Decedent of Hispanic Origin? (Spe If Yes, specify Cuban, Mexican, Puerto	ecify Yes or No- Rican, etc.)	14. Race - Americ Black, White,	
36	rs afte	by Fu	1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 ☐ No If Yes, Give 3 ☐ Widowed 4 ☒ Divorced Year or Dates: 1958-64	1 ☐ Yes 2 No Specify:		Specify: W	nite
9	be filed within 72 hours after death with the Maryland ital Hygiene. Id other then "natural", or items 23a or 28a-f show event, I're Medical Exercitier must be notified at	ted	15 Decedent's Education 16a Dec	edent's Usual Occupation	10	6b. Kind of Business/In	dustry
215	thin 7 e. en "n	Completed	Elementary/Secondary (U-12)   College (1-4or 5+)	e kind of work done during most of worki. DO NOT use retired)	ng		
12	lied w tygien her th		4 years Pi	1ot 18. Mother's Name	/First Middle M	United Air	lines
Maryland 21215-0036	d be f antal h ced of c ever	o Be	Paul Ellsworth Felton, Sr.		Margaret		
ary	should ind Men s marke umatic	²	19a. Informant's Name/Relationship (Type, Print) 19b. Mai	ling Address (Street and Number or Rura			Code)
Ž	permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylan Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or Items 23a or 28a-f show any injury or other traumatic event, If a Medical Executes must be notified an once.		P. Scott Felton/ Son 1011	Porthole Ct., Anna		MD 21409	
Baltimore,	Pages 1 nent of He int: If Iten iry or oth		20a. Method of Disposition 1 □ Burial 2 ☑ Cremation 3 □ Removal from State	ematory or other place)		0c. Location - City or To	
III m	t. Pacrtmen		'4 □Donation 5 □ Other (Specify) Kalas U	rematory 9-16		Edgewater,	
Ba	permit. I Departm importar any injui			2. Name and Address of Facility Geo 973 Solomons Island			
			23a. Part 1. Enter the disease, or complications that caused the death. Do not en shock, or heart failure. List only one cause on each line.				Approximate Interval Between
	Pnysician		Immediate Cause (Final disease or condition	Tie throat +	month	cover	Onset and Death
	/Medical Examiner		resulting in death)  Due to (or as a consequence of):				-
	LAUITINICI	-	Sequentially list conditions, if any, leading to immediate   Due to (or as a consequence of):				
	uted d ansit	Examiner	Sequentially list conditions, if any, leading to initing data cause. Enter Underlying Cause (Disease or injury that initiated events				
oʻ	ate be executed nysician and he burial-transit		resulting in death) Last Due to (or as a consequence of):	-			
8760,	cate by	dicai	d				
89 x	leath certificat attending phy I for use as the	Physician/Med	IF FEMALE: 23c. If yes, outcome of pregnancy			23d. Date of delive	arv
. Box	death e atter d for u	iciar	in the past 12 months?  1 Yes 2 No 4 Pregnant at time of death 5	☐Ectopic pregnancy ☐ Other (specify)		Month	Day Year
P.O.	res that the de signed by the a be detached f	Phys	9 Unknown				
	signed		Part II. Other significant conditions contributing to death but not resulting in the PNEU MONIA ASPIRATION		1	cco use contribute to the 2 No 3 Prot	ne cause of death? bably 4 □Unknown
Sor	w require been si should I	etec			24a. Was an		psy findings available
Vital Records,	siclan: The law requires that the death certifica certificate has been signed by the attending ph irector, page 2 should be detached for use as th	Completed by			autopsy performe 1 \(\sum \) Yes 2[	prior to co	mptetion of cause of 2□ No
ital	strifica etor, p	BeC	25. Was case referred to medical examiner?	26. Place of Death		194 19	VORIN
of V	ding Physician: The I h. After this certificate he funeral director, page	မ	1 ☐ Yes 2 No Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatie		me 5 Residen		W HOSALE
on	ding I h. After funer	tion	27. Manner of Death  1 Matural 5 Pending (Month, Day Year)  2 Accident investigation 28a. Date of Injury (Month, Day Year)	of 28c. Injury at Work?  M 1 ☐ Yes 2 ☐ No	28d. Describe how	injury occurred	HULL
Division	f or Attending after death. Director: Afte I in by the fune	Certification:	3 ☐ Suicide 6 ☐ Could not be 4 ☐ Homicide determined 28e. Place of Injury - At home, farm, s building, etc. (Specify)	treet, factory, office	28f. Location (Stre City or Town,	et and Number or Rura	l Route Number,
Ö	Ital or A irs after rai Directed in by	Cert	g,, , , , , , , , , , , , , , , , ,				
	To the Hospital or At within 24 hours after or To the Funeral Direct completely filled in by	edical	29a. Certifier (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check o	th occurred at the time, date and place, anvestigation, in my opinion, death occurre	and due to the cau ed at the time, dat	ise(s) and manner as s e and place, and due to	tated. the cause(s)
	vithin 2	Med	29b. Signature and title of Pertifier	29c. License number		d. Date signed (Month,	
	- > - 0		And Josephan	D 21438		09.15.	2006
	10+1		30 Name and address of person who completed cause of death (Item 23a) (Type MICHAEL LG EN W	D 21438 44 DEFENSE A	GHWAY	ANNAPOLI	(MOZIKO)
8	Sta Registr		31. Date filed (Month, Day, Year)  SEP 1 8 2006	Land o			
	3.0		AFI TO COOL MENT OF				

			For State Registrar		of Marylan		artment o			nd Me		iene _{eg. No.}	006	31298
P	hysicia	an	Decedent's Name (First, Middle, I							2	2. Date of Deal Month	Day	Year	3. Time of Death
	/Medic	al	Hazel Virgir  4a. Facility Name (If not institution, c				4b. City, Tov	vn orlo	ocation of	f Death	Sept.	16	2006 ounty of Deatl	1:30 P M
Ŀ	Examin	er	Spa Creek Nu					napo		Deam			ne Aru	
Fu	ıneral			. Sex	7. Age (In yrs.	last birthday)	If Under 1 Y	ear II	f Under 2 Hours	24 Hrs. 8	B. Date of Birth		9 Birth	nplace (State or Foreign
	rector		213-18-1169	1 □ M 2 □XF	89	Yrs.	WOTHIS D	ays	nouis		Month, Day, Apr. 18	19	17 Ma	ryland
and	MC II		Usual Residence of Decedent  10a. State 10b. County		10c. Cit	y, Town or Lo	cation							10d. fnside City Limits
Магу	r sh	tor	MD Prince	George'	s	Bowi	le							1X Yes 2 □ No
th the	or 28a	Directo	10e. Street and Number				10f. Zip Co	de			1	0g. Citize	of What Co	untry?
ath wil	23a c	raiD	12803 Brunswick	Lane				2071	15				USA	
er de	tema	Funeral	11. Marital Status	Armed F		.S. 13.	Was Decedent f Yes, specify	of Hispa Cuban, I	anic Orig Mexican,	in? (Spec Puerto R	ify Yes or No- ican, etc.)	14.	Race - Ame Black, White	
d 21215-0036 filed within 72 hours after death with the Maryland Hygiene.	l', or		1 ☐ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	ff Yes, G Year or [	2 No ive Dates:		1□Yes 2🛚	No S	Specify:			St	ecify: W	hite
2-0C	atura Isal E	Completed by	15. Decedent's	Education		16a. Dece	dent's Usual O	ccupatio	on .	-4 -42-		16b. Kind	of Business/l	
21.2 thin 7	Mad "m	npie	(Specify only highest of Elementary/Secondary (0-12)		(1-4or 5+)	life.	kind of work d DO NOT use re	etired)		or working				
ed w	her th	Con	12				Sup	ervi					Govt.	
五 多 重	is marked other than "natural", or liema 23a or 28a-f show aumatic event, the Mudical Examiner, and be notified at	Be	17. Father's Name (First, Middle, La					18			(First, Middle, I		mame)	
aryla should ind Men	mark	욘	Edward Collins  19a. Informant's Name/Relationship			19b. Mailir	ng Address (St	reet and			Leather Route Number		own, State, Z	ip Code)
≥ g ≤	If item 27 is marke or other traumatic		Joe Haggerty, Si	. / Son			Bruns				Bowie,	-	20715	
ore, of He	item r othe		20a. Method of Disposition		1 0	Place of Dispo	sition (Name o	of		Da			ion - City or	Town, State
Pages ment of	ant: h ury o		1 ☑ Burial 2 ☐ Cremation 3 1 ☑ Donation 5 ☐ Other (Spe		Ft.	Linco	oln Cem	eter	ту   (	09/20	/2006	Bren	twood,	MD.
Baltimore, permit. Pages 1 ar Department of Hea	Important: It any Injury o once.		21. Signature of Funeral Service Lic	ensee D	00		2. Name and A			Bea	11 Fune			
	_ 6 0	-	23a. Part1. Enter the disease, or co	an UC	caused the deat		512 NW				Bowie,		207	15 Approximate
Diversi			shock, or heart failure. List on Immediate Cause (Final	ly one cause on	each line.	4	1/4	/	3401, 43 6	our didd or	roophatory and	551,		Interval Between Onset and Death
	sician edical		disease or condition resulting in death)	a. Cll	(or as a conseq	uence of):	rigilix	410	^					
Exa	miner		Saquentially list conditions	b		,	C							
D _B	sit	iner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury		(or as a conseq	uence of):								
xecute	and I-tran	Examiner	that initiated events resulting in death) Last	c	(or as a consequ	uence of):								
8760, ate be executed	ohysician and the burial-transit	dicai E		_d	(									
687	g phys as the	edic		d										
. Box 61	attending p	hysician/Me	IF FEMALE: 23b. Was decedent pregnant		itcome of pregna birth 2 □Feta		Ectopic pregn	ancv				230	. Date of deli	*
	the att	sicia	in the past 12 months? 1 □ Yes 2 □ No 9 □ Unknown		nant at time of de		Other (specif						Month	Day Year
Records, P.O. The law requires that the	signed by the a be detached f	۵	Part II. Other significant conditions	s contributing to c	death but not resi	uitina in the u	nderlying caus	e aiven i	in Part I.		23e. Did tot	acco use	contribute to	the cause of death?
Records,	signe d be	d by	Deleli	ŽI.		<b>g</b>	,	- g			1 □ Y€			obably 4 \( Unknown
S P P	should t	iete									24a. Was a	n 2	4b. Were au	topsy findings available
The la	page 2	Completed									autops perforr	y ned? ⊇⊠No	death?	ompletion of cause of 2 No
	certificate ector, pag	BeC	25. Was case referred to medical examiner?					26	6. Place	of Death /	Check only on		1 1 1 1 1 1 1 1 1	20110
- 09	this certifica al director. I	Tof	1 ☐ Yes 24 ☐ No			ER/Outpatier		Other:		sing Hom	e 5 🗆 Reside	nce 6	Other (Spec	ity)
on C	funera	ion:	27. Manner of Death Natural 5 Pending		of Injury oth, Day Year)	28b. Time of Injury		Injury at Work?			3d. Describe ho	w injury o	ccurred	
iSi tten deat	the	ficat	2 ☐ Accident investigat 3 ☐ Suicide 6 ☐ Could not	be 200 Plac	e of Injury - At ho	ome, farm, str	eet factory of		5 2 □ N		3f. Location /St	reet and N	/umber or Ru	ral Route Number,
it o	d in b	Certification:	4 Homicide determine	build	ling, etc. (Specif)	y)					City or Towr	, State)		
To the Hospital	To the Funeral Direc completely filled in by	edical (	(Check only 2 Medical Ex	Physician: To the aminer: On the b	pasis of examina	wledge, death	occurred at the	ne time, my opini	date and	place, an	nd due to the ca	use(s) an	d manner as ace, and due	stated. to the cause(s)
To the	To the complet	Med	one)  29b. Signature and title of certifier	and mar	nner stated.		1	cense nu					igned (Month	
1-3	⊢ ŏ		· //					5	702	28		9-	18-0	
C	(Y)		30. Name and address of person wh	no completed cau	se of death (Item	n 28a) (Type,	Print)	his -	ml.	( A	10 01	161	(3 0	<del></del>
	Cto	•	31. Date tilled (Month, Day, Year)	32.1	Registrar's Signa	THU.F	FLOI +	MINO	ψÜ	NN	11) 21	401		
	Sta Registr		SEP 1 9 2005	Goon	K A	and .								

		_	For State Registrar	State o	f Marylan	•		nt of H		d Mental	Hygien	e 2006	31299	
ı	Physicia		1. Decedent's Name (First, Middle, Beatrice I. Gr								of Death h tember	2ay 10 2 ^Y 006	3. Time of Death 10; 25PM M	
	/Medic Examin		4a. Facility Name (If not institution, Fox Chase Rehal	give street and nur	n and N	Jurs <b>i</b> ng	4b. City		Location of D		4	ic. County of Deat	h	
	Funeral Director		Contor	3. Sex 1 □ M 2 🛣 F	7. Age (In yrs. 93			r 1 Year	If Under 24 I	Hrs. 8. Date		-	hplace (State or Foreign untry) Bachusetts	
	U		Usual Residence of Decedent		100 6	v. Tours as Lo	anting						10d. Inside City Limits	
	e Marylai La-fehov Illied at	ctor	D. C. 10b. County None			y, Town or Lo shingto							1 Yes 2 □ No	
	n with th	Funeral Director	10e. Street and Number 2001 15th Street	N.W.				0009			Un i	citizen of What Co Lted Stat	untry? Ces	
5-0036	ismen 72 hours after death with the Maryland jiene. Then "naturel", or items 23s or 28s-f ehow the Madical Examiner must be notified at	ρ	11. Marital Status  1⊠ Never Married 2 Marrie 3 Widowed 4 Divorced	Armed Fo	2⊠No re		Was Dece f Yes, spe l □ Yes		spanic Origin n, Mexican, Pi Specify:	? (Specify Yes uerto Rican, et	or No- c.)	14. Race - Ame Black, White Specify: Whi	e, etc.	
0-61213	within 72 ho lene. then "natur the Medical I	Completed	15. Decedent (Specify only highest Elementary/Secondary (0·12)	Education grade completed) College (1	-4or 5+)	life. L	kind of w	ork done d ise retired)	urina most of	working		Kind of Business/		
_	ld be filed ental Hyg ked othe ic event,	To Be C	17. Father's Name (First, Middle, L Lionel A. Grise	ast)						s Name (First, Middle, Maiden Sumame) eatrice I. Herbert				
	s 1 end 2 should f Health and Men item 27 is marke other traumatic	-	19a. Informant's Name/Relationsh Constance Gassin		e	19b. Mailin 884 S Deerf	a Addres	s (Street a th Av Beac	nd Number of re # 3 ch F1a	or Rural Route I	Vumber, City	or Town, State, 2	Zip Code)	
9	000		20a. Method of Disposition  1 Durial 2 Cremation  4 Donation 5 Other (Sp		. ! 0	Place of Dispo cemetery, cren proetow	sition (Na	me of	2) 0-	ept 11	20c.	Location - City or Shington		
	permit. Pages Department of Important: If i any injury or once.		21. Signature of Runeral Service L		L	Columbi		cuary Ser C. 20037	vices Inc.					
\ <u>.</u>	hysician		23a. Part1. Enter the disease, or a shock, or heart failure. List of Immediate Cause (Final	NonTh	Approximate Interval Between Onset and Death									
	/Medical Examiner		disease or condition resulting in death)	Due to	(or as a jonseq	uence of):		illa		,	A 0	1061(11)	2	
3760,	certificate be executed right groups and and see as the burial-transit	al Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	с	(or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or	Devie	N 55	٥٩			,			
289	ficate g physi	edical		d										
ă.	death e atter	Physician/Med	IF FEMALE: 23b. Was decedent pregnant in the past 12 m/onths? 1 ☐ Yes 2 ☑ No 9 ☐ Unknown	1 ☐ Live b	come of pregna pirth 2 Peta pant at time of co pown	ıldeath 3⊑	]Ectopic p ] Other (s	oregnancy pecify)			_	23d. Date of del Month	ivery Day Year	
rds, P.	as the gned	کِ	Part II. Other significant condition	ns contributing to d	eath but not res	ulting in the u	nderlying	cause give	n in Part I.	23e	. Did tobacc		the cause of death?	
		Completed	performed death?										itopsy findings available completion of cause of	
Vital	sician: certific rector.	Be	25. Was case referred to medical examiner?	Hospital:		lene		Othe	n /	Death (Check				
on of	ng Phy fter this ineral c	tlon: To		7. Manny of Death 28a. Date of Injury 28b. Time of 28c. Injury at 28d. Describe how										
Division of	- 6	Certification:	3 ☐ Suicide 6 ☐ Could n 4 ☐ Homicide determi	ot be 28e. Place	of Injury - At h					28f. Loca	tion (Street or Town, Sta		ural Route Number,	
	Hospite 4 hours Funeral (ely fille)	Medical C	29a. Certifier 1 Certifying (Check only one)	Physician: To the xaminer: On the b and man	best of my kno asis of examina ner stated.	owledge, death ation and/or inv	occurred vestigatio	d at the tim n, in my op	e, date and p inion, death o	place, and due occurred at the	to the cause time, date a	(s) and manner as and place, and due	s stated. to the cause(s)	
)	vithin 2 To the complet	Me	29b. Signature and title of certifier				29	c. License	number	597	290. [	Date signed (Mont	h, Day, Year)	
0	7	_	30. Name and address of person v	no completed caus	se of death (Iter	n 23a) (Type,	Print)	460	92	Not A	ICHU	E Sui	TE YOYB	
Ţ.	Sta													
	Registi	ar	SEP 19	2000	MELLEN S	O. Jakes								

State of Maryland / Department of Health and Mental Hygiene For State Registra Certificate of Death Reg. No. 2 2. Date of Death 1. Decedent's Name (First, Middle, Last) Month Day Vaar **Physician** September 16, 2006 1:15 P. Rose N. Greenbaum /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Casey House Rockville Montgomery 8. Date of Birth (Month, Day 5 Year) 1920 If Under 1 Year | If Under 24 Hrs.

Months Days Hours Min. Birthplace (State or Foreign Country) 7. Age (In vrs. last birthday) 5. Social Security Number **Funeral** Months 1□M 2□F 85 Poland Director 579-40-5383 Usual Residence of Decedent 10c. City Town or Location 10d. Inside City Limits 10b County 10a State il Hygiene. i other then "natural", or Itema 23a or 28a-1 ehow vent, the Medical Exertaner must be motified at 1 X Yes 2 No Silver Spring Montgomery Directo Maryland the 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? U. S. A. # 904 20906 3210 N. Leisure World Blvd., death Completed by Funeral 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. Was Decedent Ever in U.S. Armed Forces? 1 ☐ Yes 24 No If Yes, Give 14. Race - American Indian, permit. Pages 1 and 2 should be filed within 72 hours after c Department of Health and Mental Hygiene. Important: If item 27 Is marked other then inatural, or item eny injury or other traumatic event, the Mudical Experiment ADE. Black, White, etc. 1 ☐ Never Married 2 ☐ Married 1 Tyes 2 No Baltimore, Maryland 21215-0036 Specify Specify: White 3X Widowed 4 □ Divorced Year or Dates 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Own Home Homemaker 12 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Royza Kalechman Joel Hilf ဥ 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 14461 Settlers Landing Way, N. Potomac, Md. 20878 Dr. M. Gary Greenbaum - Son 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition

→ Burial 2 □ Cremation 3 □ Removal from State 20c. Location - City or Town, State 9/18/2006 Olney, Maryland Judean Mem. Gdns 4 Donation 5 Other (Specify) 22. Name and Address of Facility Edward Sagel Funeral Direction, Inc. 21. Signature of Funeral Service Licens Donald 1091 Rockville Pike, Rockville, Maryland Approximate Interval Between Onset and Death 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Immediate Cause (Final disease or condition resulting in death) **Physician** Cancer of Unknown Primary /Medical Due to (or as a consequence of): Examiner Sequentially list conditions, narry, leading to inmediata cause. Enter Underlying Cause (Disease or injury Due to (or as a consecuence of): Examiner ettending physicien and for use as the burial-transit or Attending Physicien. The law requires that the death certificate be executed that initiated events resulting in death) Last Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical IF FEMALE 23c. If yes, outcome of pregnancy

1 Live birth 2 Fetal death 23d. Date of delivery 23b. Was decedent pregnant 3 Ectopic pregnancy in the past 12 months? Month Year Day 4☐Pregnant at time of death 5 ☐ Other (specify) page 2 should be detached 9 Unknown 9 Unknown signed by Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part L 23e. Did tobacco use contribute to the cause of death? Completed by 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 1 ☐ Unknown peen 24a. Was an autopsy performed? 1 ☐ Yes 2 ☐ No 24b. Were autopsy findings available prior to completion of cause of death?

1 ☐ Yes 2 ☐ No has this certificate After this certification funeral director, I Be 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence & Other (Specify) Hospice Hospital: Certification: To 1 ☐ Yes 2 X No 1 Inpatient 2 ER/Outpatient 3 DOA 28a. Date of Injury (Month, Day Yeer) 28c. Injury at Work? 28b. Time of 28d. Describe how injury occurred 27. Manner of Death Injury To the Hospitel or within 24 hours after death.

To the Funeral Director: After the Funeral birector of the fun 1 XNatural 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 29a. Certifie 🔏 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one) 29b. Signalure and title of certifier 29d. Date signed (Month, Day, Year) Stilliams DC H0058032 September 16, 2006 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 6001 Muncaster Mill Road. D.O. Montgomery Hospice Rockville, Maryland Cynthia M. Williams, 32. Registrar's Signature 31. Date filed (Month, Day, Year) State **SEP 19** 2006 Registrar

		•	1 - For Stata Registrar	State of Maryland	•	artment of I		l Mental Hy	giene Rag. No.	200	6 3130
	Physici	an	1. Decedent's Name (First, Middle, Lat	Graham				2. Date of De Month	Day		3. Time of Death
	/Medic	ai	Emma Zaugg  4a. Facility Name (If not institution, giv.		-	4b. City, Town,	or Location of De			18, 20 County of Dea	06 8:35
<b>'</b>	Examin	er	Collingswood Num			Rockvi				Montgo	
	Funeral		5. Social Security Number 6. S	ex 7. Age (In yrs. I	ast birthday) Yrs.	If Under 1 Year Months Days	If Under 24 H	n. (Month, Da	ay, Year)	9. Bir	thplace (State or Foreign
	Director		Usual Residence of Decedent	85	115.			April	19,	1921 Sw	itzerland
	ryland thow		10a. State 10b. County	10c. City	, Town or Lo	ocation					10d. Inside City Limits
	Ba-f	Directo	Maryland Prince (	George's	Gree	enbelt			10 000		1 Yes 21 No
	death with the Maryland ms 23s or 28s-f ehow rmust be notified at		10e. Street and Number 7072 Hanover Pa	arkway, Apt. Cl		10f. Zip Code	20770		10g. Citi	zen of What Co USA	ountry?
350	be filed within 72 hours after death with the Marylan hal Hygiene. d other than "natural; or liams 23s or 28s-1 show ovent, the Medical Examinet must be notified at	by Funerai	11. Marital Status  1 □ Never Married 2 🖾 Married  3 □ Widowed 4 □ Divorced	12. Was Decedent Ever in U.: Armed Forces? 1  Yes 2 3No If Yes, Give Year or Dates:		Was Decedent of If Yes, specify Cut 1 ☐ Yes 2 🛣 No	an, Mexican, Pu	(Specify Yes or No erto Rican, etc.)		14. Race - Ame Black, Whit SpecifyWhi	te, etc.
2-003p	72 hou natura dical E		15. Decedent's Education (Specify only highest gra	ducation	16a. Dece	dent's Usual Occu	pation	vorkina	16b. Ki	nd of Business	/Industry
Z	within 7	Completed	Elementary/Secondary (0-12)	College (1-4or 5+)	life.	DO NOT use retire	ed)	rotking		•	
Z	filed v Hygie other t		17. Father's Name (First, Middle, Last,	2		Homemake:	T	lame (First, Middle	, Maiden	Own Sumame)	Home
land	Mental Kental Ked o	To Be	Friedrich Zaugg				Emm	a Rosa U	nknov	vn	
Mary	2 should be and Mental ie marked o raumatic eve		19a. Informant's Name/Relationship (	**		-		Rural Route Numb	-		
	tealth m 27		David Russell Gra	·		Hanover	Parkway	, Apt. C		cation - City or	t, MD 20770
more,	age in a de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la c		20a. Method of Disposition 1 ☐ Burial 2 ☑ Cremation 3 ☐	Removal from State	emetery, crei	matory or other pla an Cremato	sep	t. 18,			
alt	permit. Pages 1 end 2 should be Department of Health and Menta Important: if Item 27 is marked eny injury or other traumatic erone.		4 □ Donation 5 □ Other (Specifical Signature of Funeral Service Licer					006 s Funera			, Virginia
ă	Depar Impor		I for Collins	Michigan	50	00 Unive	rsity Bl	vd, W, S	ilver	Sprin	g, MD 20901
	Physician		23a. Part Enter the disease, or com shock or heart failure. List only Immediate Cause (Final disease or condition	plications that caused the death one cause of each line.			ing, such as card	iac or respiratory a	arrest,		Approximate Interval Between Onset and Death
,	/Medical Examiner		resulting in death)	Due to (or as a consequent ventricular	uence of):						
	10	ē	Sequentially list conditions,	b. Due to (or as a consequ		114 01011					
	sate be executed obysicien and the burial-transit	Examin	if any, leading to inmediate cause. Enter Underlying Cause (Disease or injury that initiated events	c.							
Š,	sien ar	EX	resulting in death) Last	Due to (or as a consequ	uence of):						
98/90	certificate be executed Iding physicien and Ise as the burial-transi	dical		d							
C. Box	ath atter for L	Physician/Med	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 □ Yes 2 □ No 9 □ Unknown	23c. If yes, outcome of pregna 1 □ Live birth 2 □ Fetal 4 □ Pregnant at time of de 9 □ Unknown	death 3[	Ectopic pregnand Other (specify)	>y		1	23d. Date of de Month	livery Day Year
Į.	res that the de igned by the a be detached to		Part II. Other significant conditions	ontributing to death but not resu	ulting in the u	nderlying cause g	ven in Part I.	23e. Did	tobacco u	se contribute t	o the cause of death?
rds	w requires been sign should be	ed by			<u>-</u>			10	Yes 2	□No 3□P	robably 4 \( \sum \text{Unknown} \)
ecord	law es b 2 sl	Completed						24a. Was		24b. Were a prior to death?	utopsy findings available completion of cause of
Vital H	ician: The certificete h rector, page	e Co	25. Was case referred to medical				00 814.5	1 Tes	2 🛭 No	1 🗆 Yes	3 2 □ No
	Physician: this certificantal director.	To B	examiner? 1 ☐ Yes 2 🛣 🛪 o	Hospital: 1 Inpatient 2	ER/Outpatier	nt 3 DOA	hon	Death (Check only THome 5 Res		6 □Other (Spe	əcify)
on of	Jing After funer		27. Manner of Death 1 ⊠Natural 5 □ Pending 2 □ Accident investigatio	28a. Date of Injury (Month, Day Year)	28b. Time o Injury	W	ıryat ork? ]Yes 2 ∐No	28d. Describe	how injur	y occurred	
DIVISION	2 # # c	Certification:	3 ☐ Suicide 6 ☐ Could not be determined	e 28e. Place of Injury - At he building, etc. (Specify		reet, factory, office			(Street an own, State		ural Route Number,
	To the Hospital of within 24 hours along the Funaral Completely filled in	edicai (	29a. Certifier 1₺ Certifying Pl (Check only 2 Medical Example)	sysician: To the best of my knominar: On the basis of examinar and manner stated.	wledge, deat tion and/or in	h occurred at the livestigation, in my	me, date and pla opinion, death or	ace, and due to the courred at the time	cause(s) , date and	and manner a place, and du	s stated. e to the cause(s)
	To the i	Me	29b. Signature and title of certifier	V 11			se number			te signed (Mon	
)	5			Surth	M		00512			18-0	
			30. Name and address of person who Anushiravan Dadgai	completed cause of death (liter	Medica	al Center	r Drive,	#201, R	ockvi	lle, M	D 20852
	Sta	ate	31. Date filed (Month, Day, Year)	32. Pegistrar's Signa	ture						
3	Regist	rar	SEP 19	2006 America	J. 19	THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE P					

					State of Ma Sa, Pt I, I.	aryland I <b>per</b>	dr _C	ertilica	io/30/0 te of Dea	th and M <b>Adhb</b>			2006	3130	2	
	Physici	an	Decedent's Nam		st)						2. Date of De	Da	y Year	3. Time of Death		
	/Medic	al	MYRA	F.	e street and number)	G	ELFELI		, Town, or Loca	tion of Death	SEPTEMBEI	-	2006 County of Death	4:05 A	VI	
	Examin	er		SISTED LIVI					ER SPRING				ONTGOMERY			
	Funeral	_	5. Social Security N			e (In yrs. la	ast birthda	y) If Und	r 1 Year II U	nder 24 Hrs.	8. Date of Birt	th		lace (State or Foreigntry)		
	Director		286-10-1303	1	□ M 2 🖾 F	87	Yrs.	Months	Days Ho	urs Min.	(Month, Da 10/08/1		MICHIG			
	pc ,		Usual Residence o			10 01									_	
	arylar ehow	_	10a. State	10b. County		10c. City	, Town or	Location					1	0d. Inside City Limit 1    Yes 2   N		
	Ba-f	Directo	MARYLAND	MONTGOMERY		TAKO	MA PAI									
	with t		10e. Street and Nu						p Code				tizen of What Cour	ntry?		
	eath	Funerai	7422 BALTIM	ORE AVENUE	12. Was Decedent	Ever in U.S	3. 1:		912 edent of Hispani	ic Origin? (Sp	acity Yes or No		S.A. 14. Race - Americ	an Indian		
5-0036	s 1 end 2 should be filed within 72 hours after death with the Maryland I Health and Mental Hygiene. Item 27 ie marked other than "natural", or Iteme 23a or 28a-f ehow other traumatic event, it is Madical Examinat must be invitted at	ģ		ied 2 Married	Armed Forces?  1 Yes 2 0 1  If Yes, Give Year or Dates:			If Yes, sp 1 ☐ Yes	edent ol Hispani ecify Cuban, Me 2 Й No Spe	exican, Puerto	Rican, etc.)		Black, White, Specify: WHI	etc.		
5	72 ho	Completed	(Spec	15. Decedent's Ed			16a. De	cedent's Us	ual Occupation	most of work	ina	16b. K	(ind of Business/In	dustry		
2121	ithin see.	npie	Elementary/Seco		College (1-4or 5	5+)			ork done during use retired)	111001 01 110111	,,g					
2	filed w Hygier other th		12	(First Middle Loop)			SALE	ES CLER		and a blace	(Fire 14) d. Hr.		ETAIL			
and	ntal H	Be	17. Father's Name	FIS							Name (First, Middle, Maiden Surname)					
Maryland	should ind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menind Menin	ပု	SAM	FID ame/Relationship (			19h Ma	ilina Addre		UNKNOWN	al Boute Numbe	or City	UNKNOWN	Codel		
<u>s</u>	end 2 sealth an m 27 ie her trau		ROBERT D. G		, , , , , , , , , , , , , , , , , , , ,			_			ral Route Number, City or Town, State, Zip Code)  MA PARK, MARYLAND 20912					
ē,	s 1 end of Health Item 27 other to		20a. Method of Dis	<del> </del>		20b. Pl	ace of Dis	position (N			Date		ocation - City or To	own, State		
ě	00			☐ Cremation 3 ☐ 5 ☐ Other (Specif	Removal from State			-	IAL GDNS.	09/20	/2006	FALLS	S CHURCH, V	TRCTNTA		
Baltimore,	permit. Pag Department Important: I eny injury o		21. Signature of Fu	ineral Service Licer	isee /	- 7	1 /11521	b onorton, v	INOINIII							
90	88 5 8		) Um	anda,	Luden	Ja	] ]	1800 N		IRE AVEN	UE, SILVE		RING, MARY	LAND 20904		
			23a. Part1. Enter t shock, or hea	he disease, of con- int lailure. List only	plications that caused one cause on each lin	the eath	o not e	enter the mo	de ol dying, suc	ch as cardiac	or respiratory	rest,	1	Approximate Interval Between		
	Physician		Immediate Cause		a	(	all	dut	neel	mon	204 (1	Ull	2011	Onset and Death		
	/Medical Examiner		resulting in death)	(	Due to (or as	a consequ		2000	1.							
	3	<u>-</u>	Esquentially list our if any, leading to in	nditions,	Due to (or as	a consequ	Hype									
	s insit	Examiner	Cause (Disease or	injury												
Ć	execuna and in and ital-tra	Exa	that initiated events resulting in death)	Last	Due to (or as	a consequ	ence of):									
68760,	icate be executed physicien and s the burial-transit	edicai			_ d											
_	40 00	Med	IF FEMALE:									- 1				
P.O. Box	law requires that the death certit as been signed by the attending 2 should be detached for use a	Physician/M	23b. Was decedent in the past 12 1 ☐ Yes 2 € 9 ☐ Unknown	months? ⊇No	23c. If yes, outcome 1 ☐ Live birth 4 ☐ Pregnant at 9 ☐ Unknown	2 Fetal	death :	3 □Ectopic 5 □ Other (s					23d. Date of delive Month	ery Day Year		
	quires that n signed k uld be det	δ		ia, Osteo	ontributing to death b	ut not resu	Iting in the	underlying	cause given in F	Part I.			use contribute to th ☐ No 3 ☐ Prob	ne cause of death? ably 4 @Unknow	, m	
Division of Vital Records,	ysician: The law require	Completed											24b. Were auto prior to condeath?	psy lindings availab impletion of cause of	le	
ita	ian: rtifice	0	25. Was case refer	red to medical		7-7-7-7-			26. 1	Place of Death	1 ☐ Yes n (Check only o		, 10,163	20140	-	
<u>_</u>	Physic this ce al direc	ToB	examiner?	No	Hospital: 1 Inpatie	ent 2 🗆 8	R/Outpat	ient 3 🗆 🗅	OA Other: 4[	☐ Nursing Ho	me 5 Resid	dence	6 Cother (Specify	ASST. du	S	
0	Attending Physician: r death. sctor: After this certific by the funeral director.		27. Manner of Dear	h 5 🗆 Pending	28a. Date of Inju (Month, Day	ry y Year)	28b. Time Injun		28c. Injury at Work?		28d. Describe h	ow inju	ry occurred		_	
Sio	tendi Jeath. tor: A the fu	cati	2 Accident	investigation 6 □ Could not b				М	1 🗌 Yes							
$\Xi$	or At after of Direction by	ertification:	4  Homicide	determined	28e. Place of Injudency, etc.			street, facto	ry, office		City or Tou	Street ar vn, State	nd Number or Rura e)	i Route Number,		
_	spital ours ours real filled	O	29a. Certifier	1⊠ Certifying Ph	ysician: To the best	ol mv knov	viedae, de	ath occurre	d at the time, da	ite and place	and due to the	cause(s	and manner as s	ated		
	To the Hospital or Attending Phys within 24 hours atter death. To the Funeral Director: After this completely filled in by the funeral di	edicai	(Check only one)	2 Medical Exar	niner: On the basis of and manner sta	fexaminati	on and/or	investigatio	n, in my opinion	, death occurr	ed at the time,	date and	d place, and due to	the cause(s)		
	To the To the To the Comp	ž	29b. Signature and	title of certifier				2	c. License num	iber		29d. Da	ite signed (Month/	Day, Year)		
	5		•	Men					5	614	7		9//8//	0		
					completed cause of d 610 CARROLL				TAKOMA PA	ARK, MAR	YLAND 209	12	1.70			
	Sta Registr		31. Date liled (Mor		006 32 Registra	ar's Signat	ure	no de	}							

mentgeney #338

			For State Registrar	State of M		/ Depa	artment o		and M	lental Hyg	_	
	Physici		1. Decedent's Name (First, Middle, La:	liece	Tr.		imouto	or Douir		2. Date of Deat Month Septemb	h D	Year 2006 19:46 M
	/Medic Examin		4a. Facility Name (If not institution, give Howard Ou	street and number	neral t	tosp.		on, or Location		á	4c. County of	
	Funeral Director		5. Social Security Number 6. S 219 32 6344  Usual Residence of Decedent	M'	ge (In yrs. lasi 70	t birthday) Yrs.	If Under 1 Ye Months Da	ear If Under ays Hours	24 Hrs. Min.	8. Date of Birth (Month Day) Feb 6,	1936	9. Birthplace (State or Foreign Country) Maryland
	ne Maryland 8a-f ehow cilited at	Director	10a. State 10b. County  MD Howard	i	10c. City, T	rown or Lo	City					10d. Inside City Limits 1 ☐ Yes 2√√ No
	with the	훕	10e. Street and Number				10f. Zip Coo	^{de} .042		1	og. Citizen of W United	
36	within 72 hours after death with the Maryland ene. than "natural", or Items 23e or 28e-f ehow the Madical Examirar must be notified at	by Funeral	9020 Overhill Dr:  11. Marital Status  1 Never Married 2 Married  3 Widowed 4 Divorced	12. Was Deceden Armed Forces 1 [\$\force{2}\text{Yes} 2 [ If Yes, Give Year or Dates	?   No			of Hispanic Or Cuban, Mexica		ecify Yes or No- Rican, etc.)	14. Race	o American Indian, c, White, etc.
21215-0036	be filed within 72 houral Hygiene. Id other than "nature event, in M. ofer E	Completed by	15. Decedent's Ed (Specify only highest gra Elementary/Secondary (0-12)	ducation de completed) College (1-40)	1	16a. Deced (Give life.		one during mos etired)	st of work	ing	16b. Kind of Bus	siness/Industry
land 2	be filed ital Hygi d other event, I	To Be Co	17. Father's Name (First, Middle, Last) Owen J. Gilliece			Phai	rmacist	18. Moth	er's Name	e (First, Middle, M	Pharmac Maiden Sumame	
, Maryland	od 2 11th ar 27 to		19a. Informant's Name/Relationship ( Marilyn Gilliece)	• •	1		-			al Route Number Llicott (	-	
Baltimore,	Pages ent of nt: If it ry or c		20a. Method of Disposition 1 ⊠Burial 2 □ Cremation 3 □ 4 □ Donation 5 □ Other (Specify				sition (Name on natory or other vn Mem.					City or Town, State
Balt	permit. Departm Importa eny inju		21. Signature of Funeral Service Licer	s-with	M01044	4	112 old	l Columb	oia E	ike Ell:	icott C	Family FH Inc. ity, MD 21043
	Physician		23a. Part1. Enter the disease, or com shock, or heart failure. List only Immediate Cause (Final disease or condition resulting in death)	a	ed the death. line.	Do not ent	er the mode of	dying, such as	s cardiac	or respiratory arre	est,	Approximate Interval Between Onset and Death
	/Medical Examiner	er		b	s a consequer	nce of):	ralo	och oatly		,		
,092	eath certificate be executed attending physician and for use as the burial-transit	cai Examiner	Securitially list conditions if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that intitated events resulting in death) Last	c. Due to (or a	s a consequer	nce of):	rena		lii			
P.O. Box 68	the the	Physician/Medic	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 □ Yes 2 □ No 9 □ Unknown		e of pregnancy 2 Fetal de at time of deat	eath 3	Ectopic pregni Other (specif)				23d. Date Mon	e of delivery th Day Year
	w requires lhat the state of the signed by should be detact	þ	Part II. Other significant conditions of	ontributing to death Lemma Len Cu	but not resulting	ng in the u	nderlying cause	e given in Part	1.	23e. Did tob	1	bute to the cause of death?  3 Probably 4 Unknown
of Vital Records,	The law reate has bee page 2 sho	Completed	lie	er co	nh	osi	2			24a. Was a autops perform	y pr ned? de	/ere autopsy findings available rior to comptetion of cause of eath?  ☐ Yes 2.1. No
Vita	Physician: The land this certificate had director, page	Be	25. Was case referred to medical examiner?	Hospital:				Other		h Check only on		/-
ion of	Jing After fune	ation: To	1 Yes 2 No  27. Manner of Death 1 Naturat 5 Pending 2 Accident investigation	28a. Date of In (Month, D	jury 28	VOutpatien Bb. Time of Injury	28c.	Other: 4 No Injury all Work? 1 Yes 2		me 5 Reside 28d. Describe ho		
Division	Hospitel or Attending 24 hours after death. Funeral Director: After tely filled in by the fune	Certification:	3 ☐ Suicide 6 ☐ Could not b determined	286. Place of I	njury - At home etc. <i>(Specify)</i>	e, farm, str	eet, factory, off	fice		28f. Location (St. City or Town		er or Rural Route Number,
	To the Hospitel or Attent within 24 hours after death To the Funeral Director: completely filled in by the	Medical	29a. Certifier (Check only one)  2 Medical Example 2  29b. Signature and title of certifier	ysician: To the bes niner: On the basis and manner s	of examination stated.	n and/or in	vestigation, in r	my opinion, dea	ath occur	red at the time, da	ate and place, a	nd due to the cause(s)
	wit To		1 /5	L-ME	doubt (tr	0-1 7	D	5087	0		Septer	MSEL 18 2 006
9)a:	Sta	to	30. Name and address of person who SUZUM Abdu 31. Date filed (Month, Day, Year)	0 500	trar's Signature		L' Bel	l lar	el 1	Clark	sulli i	ND 21029
	Regist	_		2006	א נפעו		mente					

			1 - For State Registrar	State of N	1arylan	d / Depa	artmei <i>rtifica</i>	nt of H	lealth a Death	ınd Me		giene Reg. No.	2006	31304
			Decedent's Name (First, Middle,	Last)							. Date of Dea	ath		3. Time of Death
	Physici		Florence Grace	GEARHART						5	Month Septemb	er 2	20.2006	10:00 a.M
	/Medic Examir		4a. Facility Name (If not institution,	give street and numbe	r)		4b. City	, Town, or	Location o			-	County of Death	
4	Exami	iei							1					
	Funeral		8547 Old Natio		lge (In yrs. I	last birthday)	If Unde	Boons or 1 Year	If Under 2		. Date of Birt	h	Washing 9. Birth	place (State or Foreign
	Director		219-20-0634	1 □ M 2 🛱 F	80	Yrs.	Months	Days	Hours	Min.	(Month, Da) ec. 19	, <i>Year)</i>	25 Mars	yland
			Usual Residence of Decedent									, -,		
	ylan		10a. State 10b. County		10c. City	y, Town or Lo	ocation						1	10d. Inside City Limits
	Mar Mar	tor	Maryland Washin	gton	I	Boonsb	oro							1 □ Yes 2X No
	h the	ire	10e. Street and Number					p Code				10g. Citiz	en of What Cou	ntry?
	h wit	Funeral Director	8547 Old Nationa	1 Pike					21713			11	ISA	
	dead	ner	11. Marital Status	12. Was Deceder Armed Forces	t Ever in U.	S. 13.	Was Dece	edent of H	ispanic Orig	gin? (Speci	fy Yes or No- can, etc.)		4. Race - Americ Black, White,	
9	after or Ite	F	1 ☐ Never Married 2 ☐ Marrie				1 ☐ Yes		Specify:	, , , , , , , , , , , , , , , , , , , ,	ouri, 010.j			etc.
21215-0036	within 72 hours after death with the Maryland nne. than "netural", or Items 23a or 28e-1 show than "netural", or Items 22a or 28e-1 show	Completed by	3 X Widowed 4 ☐ Divorced	Year or Dates	:			210 110	Opechy.			,	Specify: Wh	nite
5-0	72 h	etec	15. Decedent's (Specify only highest			16a. Dece	kind of w	ork done	durina most	of working		16b. Kin	nd of Business/In	dustry
21	ithin Ban	ng	Elementary/Secondary (0-12)	College (1-4o	r 5+)	life.	DO NOT	use retired	1)	_				
	filed w Hygier Ither th	Š	8	00		Spr	eadei	-					thing M	fg.
pu	2 should be filed withir and Mental Hygiene. Is marked other than sumatic event, ILEMS	Be	17. Father's Name (First, Middle, La	ist)						,	First, Middle,	Maiden S	Sumame)	
<u>yla</u>	should Ind Men	ပ္	Harry Vaughn							1 Ey1				
Maryland	2 sh and fs m		19a. Informant's Name/Relationshi	o (Type, Print)		19b. Mailie	ng Addres	s (Street	and Numbe	r or Rural F	Route Numbe	r, City or	Town, State, Zip	Code)
	permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylar Department of Health and Mental Hyglene. Important: if item 27 is marked other than "netural", or Items 23a or 28e-1 show important: if item 27 is marked other than "netural", or Items 23a or 28e-1 show important: if item 27 is marked other than 2000.		Anna Horst - Dau	ghter	1001 0	8547	01d	Nati	onal :	Pike.	Buons		. Md. 2	
ore	of H of H if iten		20a. Method of Disposition 1X Burial 2 ☐ Cremation 3	I □Removal from Stat	1 0	lace of Dispo emetery, crei	osition (Na matory or	ime of other plac	e)	Dat	9	20c. Loc	cation - City or To	own, State
Baltimore,	Pag ment ant: ury c		`4 □Donation 5 □ Other (Spe			lar Lav	wn Me	em. P	ark 9	/22/0	6	Hage	rstown,	Maryland
a	permit. Departr Importa	ı	21. Signature of Funeral Service Li	censee	-~	22	2. Name a	nd Addre	ss of Facility	y MI	NNICH	FUNE	RAL HOM	Е
œ	99 2 2 2		SCOTT	Mus	me	4	15 E	.Wils	on Bl	vd.,	Hagers	town	, Md. 2	1740
7			23a. Part1. Enter the disease, or c shock, or heart failure. List or	on plications that caus	ed the death line.	n. Do not ent	ter the mo	de of dyin	g, such as	cardiac or r	espiratory ar	rest,		Approximate Interval Between
	Physician		Immediate Cause (Final disease or condition	Acu	t	Cor	eb	ral	Was	ula	Ar	ind	ent	Onset and Death
	/Medical		resulting in death)	a. Due to (or a	s a consequ		C 10	-	142	a a	e Ac	(10/1		
	Examiner		A	AYM	2109	sclei	roto	e V	do a	ula	e 12	isec	150	
		Jer	Sequentially list conditions, if any, leading to immediate	Due to (or a	is a consequ	uence of):								
	cate be executed by sician and the burial-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	c.										
ó	an ar	EX	resulting in death) Last	Due to (or a	is a consequ	uence of):				-				
8760,	te be ysicia ie bu	dicai		d										
9	tifica ng ph as th	a)												
Вох	death certific attending pl	Physician/M	IF FEMALE: 23b. Was decedent pregnant	23c. If yes, outcom 1 ☐ Live birth			Tectonic	oregnancy	,			23	3d. Date of delive	•
	deat e atte	icia	in the past 12 months?	4 ☐ Pregnant	at time of de		Other (s						Month	Day Year
P.O.	t the by th	hys	9 🗆 Unknowh	9□ Unknown										
	The law requires that the death certificate has been signed by the attending proage 2 should be detached for use as		Part II. Other significant condition	contributing to death	but not resu	ulting in the u	nderlying	cause give	en in Part I.		23e. Did to	bacco us	se contribute to the	ne cause of death?
Records,	quire on sig uld b	Completed by	Hortee Val	ve Itis	245	e					1 🗆 Y	es 2	No 3□ Prob	ably 4 Unknown
00	s bee	let	Carringma	24 U	teru	45					24a. Was		24b. Were auto	psy findings available
Re	The lav	E	Caroninic							-	autop	med2	death?	mpletion of cause of
Vital			25. Was case referred to medical						26 Place	of Death (	1 ☐ Yes Check only o	2 NO	1 ☐ Yes	2010
>		o Be	examiner?	Hospital: 1 ☐ Inpa	tiont 2 🗆	ER/Outpatier	nt 3 🗆 D	Oth-	or:	rsing Home			Other (Specif	
of	Phys r this sral di	: To	27. Manner of Death	28a. Date of In (Month, L		28b. Time o		28c. Injun Worl			d. Describe h			9/
O	ding th. After	tion	1 Natural 5 Pending 2 Accident investiga		Day Year)	Injury	М		k? Yes 2.⊟1	No				
Division	Attending r death. ector: After oy the fune	Certification:	3 ☐ Suicide 6 ☐ Could no	t be 28e. Place of I	njury - At ho	ome, farm, str	reet, facto	ry, office		28				al Route Number,
Ö	after Dire Jin b	erti	4 - Homicide determin	building,	etc. ( <i>Specif</i> )	y)					City or Ton	m, State)		
	To the Hospital or Attanding Ph within 24 hours after death. To the Funerel Director: After thi completely filled in by the funeral	aic	29a. Certifier Certifying	Physician: To the be	st of my kno	wiedge, deat	h occurre	d at the tin	ne, date and	d place, an	d due to the d	cause(s) a	and manner as s	tated.
	24 h 54 h Fur	Medical		kaminer: On the basis and manner	of examinat									
	To the within 2 To the comple	₹	29b. Signature and title of certifier	. /	$\overline{}$		29	c. Licens	e number		:	29d. Date	signed (Month,	Day, Year)
	⊢ 3 ⊢ ŏ		Way 9 il	lown in	).		1	DZS	815			9	20.6	
			20 None and all	ho completed sauce =	death (ltc-	22a) /T	Print'		-,-			1 0		-
41	1-1		30. Name and address of person w	ho completed cause of	Daul (Item	25 C	IIA:	110	4	Var	Prsy	o cer	2 mli	021797
	· Ct	ate	31. Date filed (Month, Day, Year)	32. Regis	strar's Signa	ture	00//	112	1 . /	19	0, 7,		1	-11/10
	Regist		SEP 21	2006	_	A V	A als	0						

DHMH 17 Rev 1/2001

		Certificate of Maryland / Department of Health and W	ieritar i iy	Reg. No. 2006	31305
Physicia	an	1. Decedent's Name (First, Middle, Last)	2. Date of De Month	eath Day Year	3. Time of Death
/Medic		Betty Lou Groves  4a Facility Name (If not institution, give street and number)  4b. City, Town, or Lo		h 4c. County of De	
Examin	er	,			
Funeral		Annapolis Nursing and Rehabilitation Annapoli  5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs.	9 Date of Bi	Anne Ar	rthplace (State or Foreign Country)
Director		220-28-5425	July 7	1931 Was	hington, DC
yland yland		10a. State 10b. County 10c. City, Town or Location			10d. Inside City Limits
and and and and and and and and and and	ctor	MD Prince Georges Hyattsville			1 ☐ Yes 2 ☐ No
or 28	Oire	10e. Street and Number 10f. Zip Code		10g. Citizen of What C	Country?
ath w	ra	7412 Parkwood Street 20784		USA	
ltems	une	11. Marítal Status  12. Was Decedent Ever in U,S. Armed Forces?  1 □ Never Married 2 □ Married  1 □ Yes 2 ♥ 100 □ No	ecify Yes or No Rican, etc.)	14. Race - Am Black, Wh	
partition of the many plants and a second partition of Heavilland permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene.  Important: If them 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Examinal must be notified at once.	by Funeral Director	1 □ Never Married 2 □ Married 1 □ Yes 2 No ff Yes, Give 1 □ Yes 2 No Specify: Year or Dates:		Specify:	White
72 h	Completed	15. Decedent's Education (Specify only highest grade completed) (Give kind of work done during most of work life. DO NOT use retired)	ing	16b. Kind of Busines	s/Industry
within then then	du	Elementary/Secondary (0-12) College (1-4or 5+)		77.1	W.C
that that	ပိ		e (First, Middle	Electronic , Maiden Sumame)	MIG.
id be ental ked o	To Be	Walter L. Watson Phoebe Do	obson		
shou ind M imari		19a. Informant's Name/Relationship (Type, Print)  19b. Mailing Address (Street and Number or Rura		per, City or Town, State,	Zip Code)
and 2 and 2 valth a 1.27 is	1	Lois L. Clendenin (Daughter) 1304 West Central Aver	nue, Da	vidsonvill	e, MD 21035
of He of He of He		20a. Method of Disposition  20b. Place of Disposition (Name of cemetery, crematory or other place)	9-18	20c. Location - City o	r Town, State
Pag ment ant: I		4 □ Donation 5 □ Other (Specify) Metro Crematory 20		Baltimore,	MD
permit Depart Import any in	Q.	21. Signature of Funeral Service Licensee  22. Name and Address of Facility Hardesty Funeral 12 Ridgely Avenue			21401
		23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac shock, or heart failure. List only one cause on each line.			Approximate Interval Between
Physician		Sicol, Si Houri Marato. Electrify Sico Salado Si Cadal Milos			Onset and Death
/Medical Examiner		Immediate Cause (Final disease or condition resulting in death)  a. Intra Cerebral Hemori	hap-	ڡ	Zmouths
4	Į.	Due to (or as a consequence of):	,		
uted	Examiner	Sequentially list conditions  Due to (or as a consequence of):			1
The law requires that the death certificate be executed ate has been signed by the attending physician and page 2 should be detached for use es the bunal-transit	Exa	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury			
ate be hysici	Physiclan/Medical	that initiated events resulting in death) Last Due to (or as a consequence of):			
entifica ling pl	Med	d			1
eath cer attendin I for use	lan	· ·			
t the de by the a	ysic	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.			e to tha cause of death?
es that the igned by	by Ph	Kespiratory Failure	10	Yes 2 [®] No 3□I	Probably 4 ⊡ Unknown
v requires been sign should be	od b	•		an autopsy 24b.	Were autopsy findings available prior to
aw re-	Completed		pen	isan	completion of cause of death?
The law ste has page 2	EO		10	Yes 2 No	1 ☐ Yes 2 ☐ No
iclan: The I certificate he rector, page	Be	25. Was case referred to medical examiner?	Check only	one)	
his by	၉	1 ☐ Yes 2 ☐ No Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 ☐ Nursing Ho		dence 6 □Other (Sp	ecify)
<b>a</b> € 6	io i	1 ☑Natural 5 ☐ Pending (Month, Day Year) Injury Work?	28d. Describe	how injury occurred	
Attanding or death.	icat	3 Suicide 6 Could not be	28f Location /	Street and Number or F	Bural Boute Number
after Direct	Certification:	4 Homicide determined building, etc. (Specify)	City or To		
Hospi 4 hou Funar tely fill	edical C	29a. Certifier (Check only one)  12 Cartifying Physician: T the best of my knowledge death coursed at the time date and place. 29a. Certifier (Check only one)  29a. Certifier (Check only one)	end due to the ed at the time,	dayse(s) and member a date and place, and du	s stated se to the cause(s)
Vithin 2 Vithin 2 То tha	Med	one) and manner stated.  29b. Signature and title of certifier 29c. License number		29d. Date signed (Mor	nth, Day, Year)
⊢≯Fŏ			_		
í	- 5	30. Name and address of parson who completed cause of death (Item 23a) (Type, Print).  PAULA: DEVORE, MD 4103 (TYPE SHUNY)?			
4		PAUL A. DEVORE MD 4203 QUEENSBURY (	el Hya	itsville M	10 20181
Stat Registra	te ar	31. Date filed (Month Pay, Year) 2006 Registrar's Signature			

31306 State of Maryland / Department of Health and Mental Hygiene 0 1 1 5

		•	1 - For Stete Registrer	Clare of many control	Cei	rtificate of l	Death	F	Rag. No.	, 01000
	Dhysioir		1. Decedent's Name (First, Middle, Last)					2. Date of Dea	ith Day Year	3. Time of Death
	Physicia /Medic			orsuch				Septemb	per 25, 200	
	Examin	er	4a. Facility Name (If not institution, give si 627 Andrews Road	treet and number)		4b. City, Town, or Aberdee	Location of Death		4c. County of De	
	Funeral		5. Social Security Number 6. Sex	7. Age (In yrs. I	ast birthday)	If Under 1 Year	If Under 24 Hrs.	8. Date of Birtl	9 B	irthplace (State or Foreign
	Director		212-36-1324	M 2□F 90	Yrs.	Months Days	Hours Min.	Mar. 8,	1916 PA	Country)
	and w		Usual Residence of Decedent  10a. State 10b. County	10c. City	, Town or Lo	cation				10d. Inside City Limits
	Maryli f sho	ō	MD Harford	,	berde					1 ☑ Yes 2 ☐ No
	r 28e	Director	10e. Street and Number			10f. Zip Code			10g. Citizen of What 0	Country?
	th with		627 Andrews Road			210	01		U.S.A.	
	ar dea tams	Funeral	T. Maria. States	<ol><li>Was Decedent Ever in U. Armed Forces?</li></ol>		Was Decedent of Hi If Yes, specify Cuba	ispanic Origin? (Sp n, Mexican, Puerto	ecify Yes or No- Rican, etc.)	14. Race - An Black, Wh	nerican Indian, nite, etc.
36	rs afte	by Fi	1 ☐ Never Married 2 ☐ Married  3√3√Widowed 4 ☐ Divorced	1 Types 2 Nowwill If Yes, Give Year or Dates: Korea	in	1□Yes 21X1No	Specify:		Specify: Wh	nite
Maryland 21215-0036	72 hours after death with the Maryland natural; or Itams 23a or 28e-f show dical Examinar must be notified at	ted	15. Decedent's Educ	ation	16a. Dece	dent's Usual Occupa	ation	ina	16b. Kind of Busines	
21	within 7 iene. than "r	Completed	Elementary/Secondary (0-12)	College (1-4or 5+)	life.	DO NOT use retired	)	-	0 1	G-1 1
2	iled w Hygier ther tl		10 17. Father's Name (First, Middle, Last)	0	CIVI.	l Service	18. Mother's Name		Ordanance	SCHOOL
and	d be f ental l kad o c eva	To Be	Winfield Scott Go	rsuch			Esther Vi		•	
ary	12 should be filed within h and Mental Hygiene. 7 Is marked other than " treumetic event, the Mag	-	19a. Informant's Name/Relationship (Typ	oe, Print)					r, City or Town, State	Zip Code)
	s 1 and 2 should be filed within 72 hours after death with the Marylan f Health and Mental Hygiene. It was 23 or 28e-f show itam 27 Is marked other than "natural", or Itams 23a or 28e-f show other treumetic evant, the Mcdical Examiner must be notified at		Mary G. Underwood			Fort Hoyl		Toppa, M		
Baltimore,	Pages 1 nent of He int: If itar iry or oth		20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☐ Re		lace of Dispo emetery, crei	sition (Name of matory or other plac	θ)	Date	20c. Location - City of	
ţ	it. Partmen rtmen rtant: njury		*4 ☐ Donation 5 ☐ Other (Specify)  21. Sign ** 5 of Funeral Service License			Mem. Gdns			Aberdeen,	Maryland
Ba	permil. Pages 1 and 2 s Department of Health ar Important: If itam 27 Is any injury or other treu	١,	21. Signatural di punatai salvica License	00 15	Τ̈́	2. Name and Address arring—Ca oerdeen,	rgo Funer Maryland	al Home	1399 A.	
			23a. Part1. Enter the disease, or complic shock, or heart failure. List only on	cations that caused the death			_			Approximate Interval Between
A	Priysician		Immediate Cause (Final disease or condition		cardia	In force	twa			Onset and Death
	/Medical Examiner		resulting in death)	Due to (or as a consequ	uence of):	tery dis	•			
		<u>-</u>	Sequentially list conditions, b.	Due to for as a consequ	ience if:	tery dis	Case			
8	uted d ansit	Examiner	cause. Enter Underlying Cause (Disease or injury that initiated events							
ó	an and		resulting in death) Last	Due to (or as a consequ	uence of);					
68760,	The law requires that the death certificate be executed ate has been signed by the attending physician and bage 2 should be detached for use as the burial-transit	Medical	d							
	ding p		IF FEMALE:	3c. If yes, outcome of pregna	ncv				22d Date of d	olivon.
Вох	that the death cer ed by the attendin detached for use	clan	23b. Was decedent pregnant in the past 12 months?	1 Live birth 2 Fetal	death 3	Ectopic pregnancy Other (specify)			23d. Date of d Month	Day Year
0	t the d by the ached	hysi	9 Unknown	9 Unknown		,, ,,				
s, P.	res tha igned be det	Completed by Physiclan	Part II. Other significant conditions con-	tributing to death but not resu	alting in the u	nderlying cause give	en in Part I.			to the cause of death?
ord	w requir been si should	ted	COPD					1 🗆 Y	es 2 No	Probably 4 □Unknown
3ec	ne law hasb je 2 sł	mple						24a. Was autop	sy prior to	autopsy findings available completion of cause of
alF	ilcian: Th certificate rector, pag	e Co	25. Was case referred to medical				00 Di ( D	1 Yes	22 No 1 □ Ye	es 2 No
Ž	Physician: this certific ral director,	To Be	examiner?	ospital: 1 ☐ Inpatient 2 ☐	ER/Outpatier	nt 3 DOA Othe	26. Place of Deat er: 4 ☐ Nursing Ho	A STATE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PAR	ne) ence 6 ⊡Other (Sp	pecify)
Division of Vital Records,	ding Phys n. After this funeral di	J: L	27. Manner of Death  Natural 5 Pending	28a. Date of Injury (Month, Day Year)	28b. Time o		at		ow injury occurred	,
siol	or Attanding after death. Director: After in by the fune	catle	2 Accident investigation 3 Suicide 6 Could not be				Yes 2□No			
Divi	or Attano after death Director:	Certification:	4 Homicide determined	28e. Place of Injury - At ho building, etc. (Specify	me, tarm, str	eet, factory, office		City or Tow	itreet and Number or I n, State)	Hural Houte Number,
-und	To the Hospital or Attanding Physician: The I within 24 hours after death.  To the Funeral Director: After this certificate ha completely filled in by the funeral director, page			icien: To the best of my kno						
	he Ho in 24 l ha Fu pletely	Medical	(Check only 2 Medical Exemin	er: On the basis of examinal and manner stated.	tion and/or in	vestigation, in my o	pinion, death occur	red at the time, o	date and place, and di	ue to the cause(s)
	To t To t	Σ	29b. Signature and title of certifier	D. ~~		29c. License			29d. Date signed (Mor	nth, Day, Year)
•			Pressure Own						9 25106	
	12+1		30. Name and address of person who could be shart Shukla, MD	mpleted cause of death (Item	123a) (Type,	400 Abo	urdeen MD	21001		
	Sta	te	31. Date filed (Month Day, Year)	32. Ragistrar's Signa	ture	baste				
	Registr	ar	OCT 0 3 20	. سانام تا الله الله الله الله الله الله الله ا	13 19	the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s				

		4	For L State	State of Marylar	•	rtment of He			2000	31307
			State Registrar  1. Decedent's Name (First, Middle, L	ast)		ilicate of Di		2. Date of Dea		3. Time of Death
	Physicia /Medic		Vontilla	Nadine Hol	lland			Sept.	14,2006	18:08 M
	Examin	er	4a. Facility Name (If not institution, g 6207 Kaine	Drive		4b. City, Town, or Lo	1	,		eorges
	Funeral Director		5. Social Security Number 6.	Sex 7. Age (In yrs. 1 ☐ M 2 🕱 F 7 6	ast birthday   Yrs.		Hours Min.	8. Date of Birth	Year) 9. Birth	nplace (State or Foreign intry)
	ס		Usual Residence of Decedent  10a. State 10b. County	10c Ci	ty, Town or Loc	ation				10d. Inside City Limits
	ie Maryla Ba-f shov	ctor	MD Prince	. Georges (	Clinto	on				1 ☐ Yes 2 KNo
	th with the 23a or 2	Funeral Director	6207 Kain	e Drive		10f. Zip Code 2073	35		10g. Citizen of What Co	
920	iges 1 and 2 should be filed within 72 hours after death with the Maryland it of Health and Mental Hygiane.  If item 27 is marked other than "natural", or items 23a or 28a-f show or other traumatic event, the Medical Evertime rotatics to file of an or other traumatic event, the Medical Evertime rotatics.	þ	11. Marital Status  1 ☐ Never Married 2 ☐ Married  3 ☑ Widowed 4 ☐ Divorced	12. Was Decedent Ever in U Armed Forces? 1 Tyes 2 Mo If Yes, Give Year or Dates:		as Decedent of Hisp Yes, specify Cuban, □ Yes 2 🗷 No	anic Origin? (Spe Mexican, Puerto F Specify:	oify Yes or No- lican, etc.)	14. Race - Amer Black, White Specify:	
21215-0036	"natur	Completed	15. Decedent's (Specify only highest)	Education rade completed)	(Give k	ent's Usual Occupation of work done dur O NOT use retired)	on ring most of workin	g	16b. Kind of Business/I	. 1
212	filed withir Hygiene. other than ent, the M	omo	Elementary/Secondary (0·12)	College (1-4or 5+)	Hou	1 sewife			Private	Home
Maryland	should be filed and Mental Hygis Is marked other sumatic event, II	To Be C	17. Father's Name (First, Middle, La			1	8. Mother's Name	-		
	and 2 should ealth and Men n 27 la marke ier traumatic		19a, Informant's Name/Relationship	1	19b. Mailing	Address (Street and	100	Route Number	r, City or Town State, Z	ip Code) 20735
Baltimore,	Pages 1 and 2 nent of Health int: If item 27 I	1	20a. Method of Disposition  1 X Burial 2 Cremation 3  4 Donation 5 Other (Spe	□Removal from State	Place of Dispos cemetery, crem 2 Sunt	ition (Name of atory or other place)	1	- 200b	20c. Location - City or annual	e, VA
Baltii	permit. Pages Department of Important: If it any injury or once.		21. Signature of Funeral Service		22.	Name and Address	of Facility Bel	l and =	Johnson Fulle Hills, M	neral HomePA D 20748
			23a. Part 1. Enter the disease, bridge brock, or heart failure. List or	emplications that caused the dealy one cause on each line.	th. Do not ente	r the mode of dying,	such as cardiac or	respiratory are	rest,	Approximate Interval Between Onset and Death
	Pnysician /Medical		Immediate Cause (Final disease or condition resulting in death)	a. Arteroscl Due to (or as a conse	erotic	- Hypert	ensive	Heart	Disease	
	Examiner		Sequentially list conditions,	b						
	cuted nd ransit	Examiner	il ariy, teading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	C						
,092	te be exe ysician a re burial-t	ical Ex	resulting in death) Last	Due to (or as a conse	quence of):					
Box 68	death certificate be executed e attending physician and of for use as the burial-transit		IF FEMALE: 23b. Was decedent pregnant	23c. If yes, outcome of pregr					23d. Date of deli	very
0	0 0	Physician/Med	in the past 12 months? 1 ☐ Yes 2 ☑ No 9 ☐ Unknown	1 Live birth 2 Fet		Ectopic pregnancy Other (specify)			Month	Day Year
rds, P	se us	þ	Part II. Other significent condition	s contributing to death but not re	sulting in the un	derlying cause given	in Part I.		obacco use contribute to ∕es 2 □ No 3 □ Pr	the cause of death?
Records,	0 - 0	Completed							rmed? prior to death?	topsy findings available completion of cause of
Vital	ician: Th certificate rector, pag	BeC	25. Was case referred to medical examiner?				26. Place of Death			
of V	this aldi	2	1 ☐ Yes 2 ☐ No 27. Manner of Death		ER/Outpatient		4   Indianing Flor		tence 6 Other (Spectrown injury occurred	city)
ion	Jing After fune	atlon	1 ☑Natural 5 ☐ Pending 2 ☐ Accident investiga	28a. Date of Injury (Month, Day Year) tion	Injury	28c. Injury a Work? M 1 🗆 Ye	es 2 □No			
Division	al or Atte after des l Directo d in by th	Certification:	3 ☐ Suicide 6 ☐ Could no 4 ☐ Homicide determin			eet, factory, office	2	28f. Location (S City or Tow	Street and Number or Ru vn, State)	ıral Route Number,
	To the Hospital or Attent within 24 hours after death To the Funeral Director: completely filled in by the	edical C	29a. Certifier 1 Certifying (Check only 2 Medical E.	Physician: To the best of my kr seminer: On the basis of examinand manner stated.	nowledge, death nation and/or inv	occurred at the time restigation, in my opin	, date and place, a nion, death occurre	and due to the ded at the time, o	cause(s) and manner as date and place, and due	stated. to the cause(s)
	To the within 2 To the comple	Me	29b. Signature and title of certifier	. //		29c. License			29d. Date signed (Mont	
•			Staredor	grafe 30		HOO	153927	9	septembr	19,2006
R	(6)		30. Name and address of person w	1 1	cher s	tal Dro	ve, c	Lover	septendar	ANOL
	St Regist	ate rar	31. Date filed (Month, Day, Year) SEP 1 9 20	DE Selection 1986	nature -	W		<i>V</i> ,		

# Please Type or Print in Black Indelible Ink. Ensure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene O. C.

			1 - For State Registrar		State o	i Mary	land / D	epartifi C <i>ertific</i>	cate of	Death	ia iviei		Reg. No.		06	313	30
	Physicia	an	1. Decedent's Nam Francis	e (First, Middle, Las J. Han	t) mon							Date of De Month	Day	у	Year	3. Time of Dea	
	/Medic			If not institution, give		nber)		4b.	City, Town, o	r Location of E		ptemb		County o		10:28 a	
	Funeral Director	CI		an Hospit	al	7. Age (In	yrs. last birth		Be Inder 1 Year onths Days	thesda If Under 24 Hours	Min.	Date of Bir (Month, Da n . 23	ay, Year)		<ol> <li>Birthp Coun</li> </ol>	gomery lace (State or Fo try) Jersey	reign
			Usual Residence o	f Decedent		10	a Ciby Tayon	and anotice								Od. fnside City Li	
	r 28a-f ehow	ō	10a. State		. m. o. 247.7	100	c. City, Town								1	1 ☐ Yes 2X	
	r 28a-	rect	Maryland 10e. Street and Nu	Montgo	mery		Ve	nsing	f. Zip Code				10g. Cit	izen of W	hat Coun	itry?	
	th with 23a or	al D	3616 Li	ttledale	Road, A	Apt.	206			208	95				US	SA	
Maryland 21215-0036	filed within 72 hours after death with the Maryland Hygiene. sther then "neturel", or Iteme 23a or 28a-f show ent, the Medical Examinar must be notified at	d by Funeral Director	11. Marital Status 1 □ Never Mari 3√3√Widowed	ried 2 Married	12. Was Dece Armed Fo KAYes If Yes, Giv Year or Da	2 No			Decedent of H , specify Cuba es 2 3 No	lispanic Origin an, Mexican, F Specify:	n? (Specify Puerto Rica	Yes or No an, etc.)	0-	14. Race Black Specify:	, White,	etc.	
5-6	"netu	lete	(Spe	15. Decedent's Ec cify only highest gra	ucation de completed)		16a. I	Decedent's	Usual Occup	ation during most of d)	f working		16b. K	ind of Bus	iness/Inc	dustry	
212	d within 72 ho giene. Ir then "netu	Completed by	Elementary/Seco	ondary (0-12)	College (1 5 +	-4or 5+)			Journa					N	Media	a	
pu	be filled tal Hygie of other	Bec	17. Father's Name	(First, Middle, Last)						18. Mother's	Name (Fi	rst, Middle	, Maiden	Sumame	)		
yla	should the market market umatic e	٦ و	Judson				401				ian V						
Ma	id 2 st Ith and 27 ie n traun	i i		lame/Relationship ()  . Harmon /					•	and Number of						4 94086	
Baltimore,	es 1 and 2 should be filed of Heelth and Mental Hygie I flem 27 is marked other r other traumatic event, I		20a. Method of Dis	sposition			Ob. Place of	Disposition			Date ept.			ocation - C			
imo	Peges ment of ent: If its			☐Cremation 3 ☐ 5 ☐ Other (Specify		State	Metropo	litan	Cremato		2006	10	Ale	xandı	cia,	Virgini	.a
Balt	permit. Peges 'Department of Himportent; if ite any injury or of once.		21. Signature of	uneral Service Licen	Col	le				ss etる子刊 sity B						MD 209	01
				the disease, or com art failure. List only	ofications that come cause on e	aused the ach line.	death. Do no	ot enter the	mode of dyir	ng, such as ca	rdiac or re	spiratory a	rrest,			Approximate Interval Between Onset and Deat	n h
	Physician /Medical		Immediate Cause disease or condition resulting in death)	on	a	Sept	ic sh	clc									
	Examiner				. Due to (	or as a co	A T	Pecko	20								
	p =	ner	Sequentially list of any, leading to li- cause. Enter Und Cause (Disease of that initiated event	onditions, online ulate erlying	Due to (		neaguenes o	1	71								
$\leq$	ecute end I-trans	Examiner	Cause (Disease or that initiated event resulting in death)	r injury s Last	c. Due to	or as a co	nsequence o	h·							_		
238 A 68760,	ificate be executed ig physicien end as the burial-transit	aiE			d	0. 23 2 00	1304001100	.,,.									
	tificate ig phy as the	ledicai														2000	
رم (ر 0. Box	The law requires that the death cerifiting the been signed by the ettending page 2 should be detached for use as	Completed by Physician/N	IF FEMALE: 23b. Was deceder in the past 12 1 Yes 2 9 Unknown	2 months?		irth 2 🗆 ant at time	Fetal death		pic pregnancy er (specify) _	<u>'</u>				23d. Date Moni		nry Day Year	
S,P	ss that gned t	by P	Part II. Other signi	ificant conditions o	ontributing to de		_	the underly	ring cause giv	en in Part I.		23e. Did	tobacco u	-		e cause of death	
======================================	v require been się should b	ted	Hyp	oric respir	atory	Raily	٣				-	1 🗆	Yes 2	Mo ∶	3 🗌 Prob	abiy 4 □Unkn	own
9 j	has by	mple	Ane		Sar coin	•	•	CHF	Den	nentics	_	24a. Was auto perfe		pr	ere autorior to coreath?	psy findings avai npletion of cause	able of
کلی Vital I		0	25. Was case ele		Hyps M	agnes	emich			26. Place of	f Death //C	1□ Yes	2 🗆 No		□Yes	2□ No	
()	Physicia this cer al direct	To B	examiner? 1 Tes 2		Hospital: 1	npatient	2 ER/Out	patient 3	□ DOA Oth	000	ing Home			6 Other	r (Specify	<i>(</i> )	
On of	After Inner		27. Manner of Dea 1 Matural 2 ☐ Accident	th 5 □ Pending investigation	28a. Date (Mont	of fnjury th, Day Ye	28b. Ti ln	me of jury	28c. Injur Wor	yat k? Yes 2 ⊟No		Describe	how injur	ry occurre	d		
MC^ Divisi	or Att	Certification:	3 Suicide 4 Homicide	6 Could not be determined	28e. Place	of fnjury ng, etc. (S	At home, far	m, street, f				Location ( City or To			r or Rura	l Route Number,	
ter	To the Hospital or within 24 hours efter To the Funeral Discompletely filled in	Medicai C	29a. Certifier (Check only one)	1☑ Certifying Ph 2☐ Medical Exam	niner: On the b	best of massis of examer stated.	amination and	death occi for investig	urred at the tir ation, in my o	me, date and popinion, death	place, and occurred a	due to the	cause(s) date and	) and man d place, ar	ner as st	ated. the cause(s)	
1	To the I	ž	29b. Signature and	and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th					29c. Licens						(Month,	Day, Year)	
	12+1		•	H. ARL		MI				162167			9/1	8106			
_			Hoffeir		, M.D.	86	00 01d	Geor	getown	Road,	Beth	nesda,	, MD	2081	.4		
	Sta Registr		31. Date filed (Mo		JO6 32 A	legistrar's	Signature	Good	9								

			For State Registrar	State o	f Maryla	•	artment of I rtificate of		ind Me		ene 20	06	31	309
	Physici	an	1. Decedent's Name (First, Middle, La	st)					-	<ol><li>Date of Death Month</li></ol>	Day Y	ear	3. Time o	
	/Medic	al	ARTHUR			HAN	DLER 4b. City, Town, o			EPTEMBEI	4c. County of	06	4:15	A M
)	Examin	er	4a. Facility Name (If not institution, giv SUBURBAN HOSPITAL		iliber)			THESDA					GOMERY	Y
	Funeral Director		5. Social Security Number 6. S		7. Age (In yi 94	rs. last birthday) Yrs.	If Under 1 Year Months Days			B. Date of Birth (Month, Day, 100)			lace (State try)	or Foreign
	Q.		Usual Residence of Decedent							01/15/15				
	ehow	5	MARYLAND MONTG	OMERY	10c.	City, Town or Lo		NSINGT	ON			1	0d. Inside C 1 ∐ Yes	ity Limits 2 ₩ No
	28a-f	Directo	10e. Street and Number				10f. Zip Code			10	g. Citizen of Wha	at Coun	try?	
	h with		3618 LITTLEDALE R	OAD #11	2			208	395			U	.S.A.	
36	i filed within 72 hours after death with the Maryland Hygiene. other than "natural", or Itema 23a or 28a-f ehow ent, The Medical Exandracing the modified at	by Funeral	11. Marital Status  1 ☐ Never Married 2 ☐ Married  3 ☒ Widowed 4 ☐ Divorced	12. Was Dec Armed Fo 1 Tes If Yes, Gir Year or D	orces? 2 √ No ve		Was Decedent of I If Yes, specify Cub 1 ☐ Yes 2√2 No	an, Mexican,	gin? (Spec , Puerto R	ify Yes or No- lican, etc.)	14. Race - Black, Specify:	White,	etc.	
3	2 hou	ted	15. Decedent's E	ducation		16a. Dece	dent's Usual Occu	pation	of working	11	6b. Kind of Busin	ness/Ind	dustry	
9500-61212	ithin 7 ne.	Completed	(Specify only highest gra Elementary/Secondary (0-12)	College (	1-4or 5+)	1	kind of work done DO NOT use retire				T007 G		TOD T	T II C III D
2	led w Hygier her th		12 17. Father's Name (First, Middle, Last	)		DRIV	ER/SALES			(First, Middle, M	FOOD S	ERV	ICE II	NDUSTR
and	0 a 2 5	To Be	SAM	,	HAND	LER		SADIE		, 101, 111, 101, 101, 111		HE	RSHKO	VITZ
Maryland	of Health and Ment of Health and Ment Item 27 Is marked r other treumatics	-	19a. Informant's Name/Relationship (	-			ng Address (Stree							
	and 2 lealth m 27 I		BARBARA EISEN/DAU	GHTER	Lack		N. LEISU	RE WOR						r, MD
Baltimore,	Pages 1		20a. Method of Disposition  □□ Burial 2 □ Cremation 3 ☑ 4 □ Donation 5 □ Other (Special			· ·	isition (Name or matory or other pla Lve Cemet		9-17	-	So $1$ on, (		wn, State	
Balt	permit. Page Department of Important: If eny injury or once.		21. Signature of Funeral Service Lice	nsee			2. Name and Addr 191 Rockv							ion
			23a. Part1. Enter the disease, or com shock, or heart failure. List only	plications that o	caused the de each line.	eath. Do not en	er the mode of dy	ing, such as	cardiac or	respiratory arres	it,		Approxima Interval Be	tween
Į.	Physician		Immediate Cause (Final disease or condition	a Caro	liomyo	pathy							Onset and	Death
	/Medical Examiner		resulting in death)	Due to	(or as a cons	equence of):								
		ler	Sequentially list conditions, if any Isaams to immediate cause. Enter Underlying	b. Due to	or as a cons	equence of								
	cuted nd ransit	Examin	Cause (Disease or injury that initiated events	c										
8760,	cate be executed physicien and the burial-transit		resulting in death) Last	Due to	(or as a cons	equence of):								
287	physics the t	edical		_ d										
). Box (	e death certifi the ettending I ted for use as	Physician/Me	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 □ Yes 2 □ No 9 □ Unknown		ointh 2 ∏ Fi nant at time o	etal death 3	Ectopic pregnand Other (specify)	÷у			23d. Date of Month		ery Day	Year
P.0	that the de ned by the e detached t	Phy	Part II. Other significant conditions	contributing to d	leath but not i	resulting in the u	nderlying cause gr	ven in Part I.		23e. Did toba	acco use contrib	ute to th	ne cause of	death?
rds	quires n sign uld be	ed by	Urinary Tract In	fection	, Atri	al Fibr	illation			1 ☐ Yes	2 <b>₺</b> № 3	☐ Prob	ably 4	]Unknown
Records,	The law requires that the Ite has been signed by th bage 2 should be detache	Completed								24a. Was an autopsy	pric	or to con	psy findings	available cause of
Ĭ		Сод								perform		ath? Yes	2 <b>%</b> No	
Vital	Physicien: Th this certificate ral director, pag	Be	25. Was case referred to medical examiner?	Hospital:				hor		Check only one				
ō	<u>a</u> = e	٦. ٦	1 ☐ Yes 2 ☒ No 27. Manner of Death	28a. Date	of Injury	☐ ER/Outpatie	IL 3LI DOA	4 🗆 190		e 5 Resider			r)	
<u>o</u>	Attending ir death. ector: After by the fune	atlo	1 XNatural 5 Pending 2 Accident investigation		nth, Day Year,	) Injury		ork? ]Yes 2∐1	No					
Division	or Atten after deat Director: in by the	Certification:	3 ☐ Suicide 6 ☐ Could not be determined	286. Place	e of Injury - A ing, etc. (Spe	t home, farm, st	reet, factory, office		21	8f. Location (Stre City or Town,	et and Number State)	or Rura	I Route Nur	mber,
	pital o		29a. Certifier 1 A Certifying P	hveician: To the	a bast of my l	roudedge dest	h occurred at the t	imo dato an	d place as	nd due to the ear	rac(a) and mans	05.25.5	tatod	
	To the Hospital or At within 24 hours after of To the Funeral Direct completely filled in by	edical	(Check only 2 Medical Example)	miner: On the b	pasis of examiner stated.	ination and/or in	vestigation, in my	opinion, deal	th occurre	d at the time, da	e and place, and	d due to	the cause	(s)
	To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by	Me	29b. Signature and this of certifie				29c. Licen	se number		29	d. Date signed (	Month,	Dey, Year)	
	3		to wh	- MD			D006	0117			9-14-06			
			30. Name and address of person who					211-	MD 90	2050				
	Sta	ite	Eric J. Park 990 31. Date filed (Month, Day, Year)					ттте,	MD 20	UCOU				
1	Regist		SEP 19 21	006	Seaso 1	gnature And	MEL							

		-	For Stata Ragistrar	State o	f Marylan	d / Depa <i>Cei</i>	artment o	of He	ealth a		F	Reg. No.	2006	
	Physici	an	1. Decedent's Name (First, Middle Joan Evelyn H								2. Date of Dea Septemb	$\operatorname{ber}^{ ext{Day}}$	18 <b>,</b> 200	3. Time of Death <b>7:05</b> A M
	/Medic Examin		4a. Facility Name (If not institution Calvert Memori	al Hospit	al		4b. City, Tor Princ	e F	reder	rick		4c. 0	County of Death	County
I	Funeral Director		5. Social Security Number 577–86–1150	6. Sex 1 □ M 2 <del>X</del> F	7. Age (In yrs. I	last birthday) Yrs.	If Under 1 \ Months D	Year Days	Hours	Min.	8. Date of Birth (Month, Day Oct • I	0, 19	9. Birth	place (State or Foreign intry) aryland
	aryland show	J.	Usual Residence of Decedent  10a. State  10b. County			y, Town or Lo				<del></del>	<u></u>			10d. Inside City Limits 1 ☐ Yes 2 🗓 No
	th the M or 28a-f	Funeral Director	10e. Street and Number	rt Co.	H	unting	10f. Zip Co					-	en of What Cou	untry?
	eath wi	eral	2680 Hidden Hi		edent Ever in U.	S. 13.1	206		panic Orig	in? (Spe	cify Yes or No-		S.A. 4. Race - Amer	ican Indian,
920	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hyglene. Important: If item 27 is marked other than "natural", or Items 23a or 28a-f show my injury or other traumatic event, the Madical Examiter is used to notified at ance.	þ	1 ☐ Never Married 2 ☐ Marr 3 🛣 Widowed 4 ☐ Divorced	Armed Fo	rces? 2.12 No /e	1	fYes, specify 1 ☐ Yes 2X			Puerto F	cify Yes or No- Rican, etc.)		Black, White Specify: Whi	
15-0	n 72 ho "natur	Completed	15. Decedent (Specify only highes	t grade completed)		(Give	dent's Usual C kind of work of DO NOT use	done du	ion iring most	of workin	ıg	16b. Kin	nd of Business/li	ndustry
212	ed withi /giene. ar than t, the M	Comp	Elementary/Secondary (0-12)	College (1	-4or 5+)		atcher	•						Police Dept
Maryland 21215-0036	ld be file ental Hy ked oth ic evant	To Be	17. Father's Name (First, Middle, Charles Kiker	Last)						rs Name 1 Wis	(First, Middle,	Maiden :	Sumame)	
Aary	2 shou and M Is mar		19a. Informant's Name/Relations						nd Numbei	r or Rura	l Route Numbe		Town, State, Z	
ē,	s 1 and f Health item 27 othar t		20a. Method of Disposition	ther)	20b. P	_ 6810 Place of Dispo	Marian esition (Name matory or othe	of		D	ate		Mary Lai cation - City or T	nd 20746 Fown, State
Baltimore,	Page tment o tant: If jury or		1 Denation 2 Cremation 4 Donation 5 Other (S	oecify)		nity E	biscop	al (	Ch.	20	21, 006 1	Upper	r Marlb	oro, MD
Bal	permit Depar Impor any in		21. Signature of Fundamental W.	Lee										vert, P.A. MD 20736
	Pnysician		23a. Part1. Enter the disease, or shock, or heart failure. List Immediate Cause (Final disease or condition		aused the death	h. Do not ent	er the mode o	of dying,	, such as o	cardiac o		rest,		Approximate Interval Between Onset and Death
7	/Medical Examiner		resulting in death)	Due to	(or as a conseq	uence of):					ABU			0
	D \ A #	iner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	b. Due to	(UT 35 3 POLIPSY)		1-1-	. 0 7	102		7	, , ,		17-7
,092	ate be executed hysician and the burial-transit	ical Examiner	Cause (Disease or injury that initiated events resulting in death) Last	c	(or as a conseq	uence of):								
89	ntificate ng phys s as the		IF FEMALE:	d								-1		
P.O. Box	Attanding Physician: The law requires that the death certifics r death. ector: After this certificate has been signed by the attending pt by the funeral director, page 2 should be detached for use as it.	Physician/Med	23b. Was decedent pregnant in the past 12 months? 1 Yes 2 No 9 Unknown	1 Live t	come of pregna pirth 2 Peta nant at time of d own	Ideath 3	Ectopic preg Other (spec					2	3d. Date of deliving Month	very Day Year
	w requires that in the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the propert	b	Part II. Other significant condition  Candidge	ons contributing to d	eath but not res	ulting in the u	nderlying cau	se giver	n in Part I.		23e. Did to	4		the cause of death?
l Records,	The law requate has been page 2 should	Completed	Thrombo	cyesp	enic								24b. Were aut prior to c death? 1 \( \subseteq Yes	topsy findings available completion of cause of
of Vital	sician: Th certificate lirector, pag	To Be	25. Was case referred to medica examiner?	Hospital:	Impatient 2	ER/Outpatier	nt 3 DOA	Othor	-		(Check only o		S □Other (Spec	uify)
n of	ding Physician: The In. After this certificate ha funeral director, page	on: T	27. Nann Peath 1 Natural 5 Pendir	ig .		28b. Time o Injury	f 28c	. Injury Work	at ?	2	28d. Describe			,/
Division	i Pitte	Certification:	2 Accident investi 3 Suicide 6 Could 4 Homicide determ	not be 28e. Place	of Injury - At he ing, etc. (Specif	ome, farm, st	M reet, factory, o		es 2□N		28f. Location (5 City or Tow			ral Route Number,
	Hospital 24 hours a Funaral stely filled	ledical C		ng Physician: To the Examiner: On the b										
	To the within 2 To tha comple	Me	29b. Signature and title of certifie	runa.	MJ	) Physic	29c. L	License	number 5.4	17		29d. Date	e signed (Month	S Day, Year)
_	5		30. Name and address of person	who completed cause	se of death (Item	n 23a) (Type,	Print)	PX	D.I	PRIM	uce FR	ec-D	ERICK	D 20678
	Sta Regist	ate rar	31. Date filed (Month, Day, Year)	2 0 2006	Registrans Signa	ature	Span							

ak Pume.

State

Registrar

9 2006

			1 - For State Registrar	State of M	aryland / Dep <i>Ce</i>	artment of F	lealth and N Death	Mental Hyg	iene 2006	31312
п	Physic	an	Decedent's Name (First, Middle     A		77			2. Date of Deat Month	Day 2006	3. Time of Death
	/Medi	cal	Ann 4a. Facility Name (If not institution	E also street and number)	Hunt	4h City Town	r I continue of Death	Sept. 1	4c. County of Death	2:15P M
	Exami	er	Homewood at Cri			Freder	r Location of Death ick		Frederic	
	Funeral	-	5. Social Security Number	6. Sex 7. Ag	e (In yrs. last birthday)	If Under 1 Year	If Under 24 Hrs.	8. Date of Birth	9 Right	Inlana (State or Foreign
-	Director		233-46-9335	1 □ M 2 🗗 F	74 Yrs.	Months Days	Hours Min.	8. Date of Birth (Month, Day, Oct.30,	1931 Wes	t Virginia
	pu .		Usual Residence of Decedent  10a. State 10b. County		10c. City, Town or Le					
	be filed within 72 hours after death with the Maryland tal Hygiene. d other than "natural", or tems 23s or 28a-f show awant, if a Mailcal Examinar must be notified as	ō	Maryland Frede		Freder					10d. Inside City Limits 1 ☐ Yes 2 🖾 No
	the N	Director	10e. Street and Number		]	10f. Zip Code		1	Og. Citizen of What Cou	
	3£ or	D	7431 Willow Roa	ad Cottage 3	3	21702		'	USA	y.
	death	Funerai	11. Marital Status	12. Was Decedent		Was Decedent of H		ecify Yes or No-	14. Race - Amer	
9	after or the		1 Never Married 2 Married	If Yes Give	No	If Yes, specify Cuba 1 ☐ Yes 2 ② No		Hican, etc.)	Black, White	hite
8	72 hours "natural", uical Ex	d by	3 ₩ Widowed 4 Divorced	Year or Dates:						
7-	n 72 "nat	Completed	(Specify only highe	t's Education st grade completed)	16a. Dece (Give	dent's Usual Occup kind of work done DO NOT use retired	ation during most of work 1	ing	16b. Kind of Business/l	ndustry
7	with iene, than	mo	Elementary/Secondary (0-12)	College (1-4or 5	o+)	nemaker	•/		Own Home	
þ	e filec Il Hyg othe vant,	BeC	17. Father's Name (First, Middle,	Last)			18. Mother's Nam	e (First, Middle, I		
/lar	wild by Menta Menta arked	TOE	Charles	М.	Evans		Mildre	d H	lutchinson	
, Maryland 21215-0036	permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: If item 27 is marked other than 'any injury or other traumatic avant, If a M. 2008.		19a. Informant's Name/Relations Charles G. Hunt						City or Town, State, Znar, MD 217	
altimore,	of He of He fitem rothe		20a. Method of Disposition 1 Burial 2 Cremation	3 DRamoval from State	20b. Place of Dispo cemetery, cre	osition (Name of matory or other place	ce)	Date	20c. Location - City or 3	own, State
Ē	Pag ment ant: f		`4 □ Donation 5 □ Other (S			rematory	9/21/		organtown,	
Balt	ermit. Jepart nport ny in		21. Signature of Funeral Service	Licensee	A I I I I				uneral Hom	Total Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the
	9 CT 7 6 04		23a. 111. Enter the dis are, or	Jaylo					derick, MD	Z17UZ Approximate
	Physician /Medical Examiner	Examiner	shock, or heart failurs. List Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underfug Cause (Disease or injury	a	a consequence of):		and the same		Digenje	Interval Between Onset and Death
68760,	icate be executed physician and s the burial-transit	dicai	that initiated events resulting in death) Last	c	a consequence of):					
.O. Box	requires that the death certificate be execute een signed by the attending physician and nould be defiated for use as the burial-trans	Completed by Physician/Me	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 ☐ Yes 2 ☑ No 9 ☐ Unknown	23c. If yes, outcome 1 □ Live birth 4 □ Pregnant at 9 □ Unknown	2 Fetal death 3	Ectopic pregnancy Other (specify)			23d. Date of delin	very Day Year
of Vital Records, P.	w requires that the de been signed by the should be detached	1 by P	Part II. Other significant condition	ns contributing to death b	ut not resulting in the u	nderlying cause give	en in Part I.		pacco use contribute to	the cause of death?
Sor	~ 9 70	lete	N/4 ( I	00 114	``	_				
Re	The law ate has b page 2 st	dmo	- 11/A 50/es	10/411.1019	17/12			24a. Was ar autops perforn	y prior to co	opsy findings available ompletion of cause of
ā	ician: Th certificate rector, pag	e Co	25. Was case referred to medical					1 ☐ Yes 2	No 1 ☐ Yes	2□ No
>	Physician: this certific ral director,	ToB	examiner?	Hospital: 1 Inpatie	nt 2 ER/Outpatier	t 3 DOA Othe	26. Place of Deat	_	nce 6 □Other (Speci	(hr)
101	g Ph ler thi	in i	27. Manner of Death	28a. Date of Injur					w injury occurred	,,,,
10	Attending or death. ector: After by the fune	atlo	1 Natural 5 Pendin investig	ation	(Year) Injury		Yes 2□No			
Division	or Att	Certification:	3 Suicide 6 Could r 4 Homicide determ	ned 28e. Place of Inju- building, etc	ury - At home, farm, str c. (Specify)	eet, factory, office		28f. Location (Sti City or Town	reet and Number or Rui , State)	al Route Number,
Q	urs af			<u>h</u>						
	To the Hospital or Attending Physician: To the Funeral Director Affer this certific completely filled in by the funeral director,	edicai	29a. Certifier  (Check only 2 Medical one)	g Physician: To the best of Examiner: On the basis of and manner sta	examination and/or in	n occurred at the time vestigation, in my op-	ne, date and place, pinion, death occurr	and due to the ca ed at the time, da	use(s) and manner as a ate and place, and due	stated. to the cause(s)
	To the To the Comp		29b. Signature and tiple of certifier	1-		29c. License	e number	29	d. Date signed (Month,	Day, Year)
			( ASAL	3 ( Ame	MA	MDD1	6428		9/19/	06
	13		30. Name and address of person			•			1	
	1		Casper Cline			St., Fred	erick, MI	21701		
	Sta Registr	e ar	31. Date filed (Mong) (Pay, Year)	2006 32. Figistra	r's Signature	and .				

DHMH 17 Rev 1/2001

DOD. 9/18/06

FUNH UUG

. ,			2400
State of Mar	yland / Department of I	Health and Mental	Hygiene 4 U U

		-	For State Registrar	State of Marylan	•	irtment of H tificate of I			iene 💪 U U I eg. No.	0 01010
	Physicia	20	1. Decedent's Name (First, Middle, Las					2. Date of Deat	h Dav Year	3. Time of Death
	/Medic	al	David Leonard  4a. Facility Name (If not institution, give			4h City Town or	r Location of Death		er 16, 200	<del></del>
l	Examin	er	Westminster Nursi		tation				Carro	
Ī	Funeral Director		409-48-4027	9x 7. Age (In yrs. 76	last birthday) Yrs.	If Under 1 Year Months Days	If Under 24 Hrs. Hours Min.	8. Date of Birth (Month, Day, Apr 14,		thplace (State or Foreign ountry) NESSEE
	land bw		Usual Residence of Decedent  10a. State 10b. County	10c. Cit	y, Town or Lo	cation				10d. Inside City Limits
	a-f eh	ctor	Maryland Carrol	.1		We	stminste:	r		1 XYes 2 □ No
	with the	Directo	10e. Street and Number 46 John Street			10f. Zip Code	21157	1	0g. Citizen of What C	ountry?
	deeth me 23	Funeral	11. Marital Status	12. Was Decedent Ever in U	.S. 13. \	Vas Decedent of H	lispanic Origin? (S an, Mexican, Puert	pecify Yes or No-	USA 14. Race - Am	
036	within 72 hours after deeth with the Maryland ene. I than "naturel", or iteme 23a or 28a-f ehow I a Meulcal Evantinar mual be notitied at	þ	1 ☐ Never Married 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorced	Armed Forces? 1		Yes 2 No	Specify:	o riican, etc.)	Black, Whi	white
5-0	"natur	leted	15. Decedent's Ed (Specify only highest gra		16a. Deced	lent's Usual Occup	ation during most of wor d)	king	16b. Kind of Business	
21215-0036	l within lene. r than	Completed	Elementary/Secondary (0-12)	Coilege (1-4or 5+)		Laborer	<i>-)</i>		Shoe Fa	ctory
Maryland 2	permit. Pages 1 and 2 should be filed within 72 hours after deeth with the Marylan Department of Health and Mental Hygiene.  Department of Health and Mental Hygiene.  In proportant: If item 27 is marked other than "naturel; or iteme 23a or 28a-f show any injury or other traumetic event, the Medical Evantment must be notified at Apple.  Apple.	To Be C	17. Father's Name (First, Middle, Last) Manuel Honeyo	cutt	1			ne (First, Middle, 1 Hubbard	Maiden Sumame)	
lary	2 shou and M ie mar aumet	-	19a. Informant's Name/Relationship (7						, City or Town, State,	Zip Code)
e,̀⊆	1 and Health em 27 ther tr		Alice J. Honeycut		_	JONN Stre sition (Name of natory or other place		Date	MD 21157 20c. Location - City o	r Town, State
ПOГ	Pages nent of nt: if it ry or o		1 Burial 2 Cremation 3 \( \text{ '4 Donation 5 Other (Specify)} \)	Removas from State	_	ratory or other place croll Cre		9/19 2006	Winfield,	MD
Baltimore,	permit. Departm Importa any inju		21. Strature of Funeral Service Licen	See MO11	J	. Name and Addre			boraw Fune ster, MD 2	
Ġ.	BIE		23a. Part . Enter the disease, or company shock, or heart failure. List only	olications that caused the deat one cause in each line.	th. Do not ent	er the mode of dyin	ng, such as cardiac	or respiratory arr	est,	Approximate Interval Between Onset and Death
	Physician /Medical		Immediate Cause (Final disease or condition resulting in death)	aDue to (or as a conseq	uence of):	me			Λ	lmo
	Examine		Sequentially list conditions,	· arter	quence of):	elun	tu p	ascule	rdroesse	25/20
	uted d ansit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	Chronic	Obs	buch	e fuln	mary /	Irense	30 m
90,	ficate be executed physicien and is the burial-transit		resulting in death) Last	Due to (or as a consec	quenge of):					1040
68760,	ficate t g physical as the b	edical	•	d	2,000					041
Вох	death certif e attending ed for use as	Physician/M	IF FEMALE: 23b. Was decedent pregnant in the past 12-months? 1 □ Yes 2 ♥ No	23c. If yes, outcome of pregnation 1 ☐ Live birth 2 ☐ Feta 4 ☐ Pregnant at time of control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of t	al death 3	Ectopic pregnancy Other (specify)	/		23d. Date of de Month	Day Year
P.O.	res that the designed by the a	Phys	9 Unknown	9□ Unknown	Mary to Mary	4.4.	on in Book I	22a Did to	bassa usa santributa	to the cause of death?
	= 0, 10	by	Part II. Other significant conditions o	ontributing to death but not res		ngeriying cause giv	en in Pan I.	1 Z ×		Probably 4 Unknown
of Vital Records,	9 4 9	Completed						24a. Was a autops perform	med? prior to death?	utopsy findings available completion of cause of
ita	i <b>cien</b> : Th certificate rector, pag	Be C	25. Was case referred to medical examiner?				26. Place of Dea	1 ☐ Yes		3 20110
of <	S S	은	1 Yes 2 No	Hospital: 1 Inpatient 2 2	ER/Outpatier		4 2 Nursing F		ence 6 Other (Sp	ecify)
lon	ding After fune	atlon	1 Matural 5 Pending 2 Accident investigation	(Month, Day Year)	Injury	Wor	rk?  Yes 2∐No	200. 20001130 11	on injury oddanod	
Division	in Sir de	ertification;	3 Suicide 6 Could not be determined	28e. Place of Injury - At h building, etc. (Speci	iome, farm, str	eet, factory, office		28f. Location (S City or Town	treet and Number or F n, State)	Rural Route Number,
	To the Hospital or Attenwithin 24 hours after deatl To the Funeral Director: completely filled in by the	edical C		nysician: To the best of my known inner: On the basis of examination and manner stated.						
	To the within To the	Me	29b. Signature and title of certifier	, Po.A	1. 0	29c. Licens	se number	2	9d. Date signed (Mor	nth, Day, Year)
•	NST		1 June 1	undellon Y	-00:15	10 Z	3 44 =	5	7/16/2	100 G
	3		John W. Mide	completed cause of death (Item	111 23a) (Type,	PRd,	Westn	n instel	MD 2	1157
•.	Sta Regist	ate rar	31. Date filed (Month, Day, Year) SFP 1 8	32. Registrar's Sign	atufe	1.		•		,

	For State of Maryland / De State of Maryland / De Registrar	partment of Health and M ertificate of Death	rental Hygiene 2	006 31314
Physician /Medical	Decedent's Name (First, Middle, Last)     Mary Jane Hahn		2. Date of Death Month Day Sept. 17 20	3. Time of Death 8:35 P M
Examiner	4a. Facility Name (If not institution, give street and number) Gilchrist Hospice	4b. City, Town, or Location of Death Towson	Bal	nty of Death Limore
Funeral Director	5. Social Security Number 213 18 2348  1 M 2 F 7. Age (In yrs. last birthdiction of December)  1 No. 10 Page (In yrs. last birthdiction)  1 No. 2 F 85 Yrs	Months Days Hours Min.	8. Date of Birth (Month, Day, Year) July 26, 1921	9. Birthplace (State or Foreign Country) Maryland
death with the Maryland rns 23e or 28e-1 ehow Lithal be notified at	Usuel Residence of Decedent  10a. State  10b. County  10c. City, Town or  MD  Howard  Ellico	Location tt City		10d. Inside City Limits 1 ☐ Yes 2 ☐ No
If the death with the Mart I tems 23a or 28e1 endiffer must be notified.	3142 Paulskirk Drive	10f. Zip Code 21042		of What Country? ced States
` ≗ ≝	11. Marital Status  1 Never Married 2 Married  1 Never Married 2 Married  12. Was Decedent Ever in U.S. Armed Forces?  1 Yes 2 No If Yes, Give Year or Dates:	<ol> <li>Was Decedent of Hispanic Origin? (Spill Yes, specify Cuban, Mexican, Puerto</li> <li>1 ☐ Yes 2 XNo Specify:</li> </ol>		ace - American Indian, leck, White, etc. cify: White
n 72 hor neture	(Specify only highest grade completed) (G	cedent's Usual Occupation ve kind of work done during most of works b. DO NOT use retired)  omemaker	ing	Business/Industry  Home
Hygin the C	17. Father's Name (First, Middle, Last) Carroll E. Neser, Sr.		e (First, Middle, Maiden Suma	
es 1 end 2 should be es 1 end 2 should be of Health and Mental if Item 27 le marked o ir other treumatic eve		ailing Address (Street and Number or Aura 2 Paulskirk Drive E	meses	
bages 1 en ent of Heali nt: If Item 2 ry or other	20a. Method of Disposition  1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State  20b. Place of Discemetery, of cemetery, or cemetery, of cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or cemeters, or c	sposition (Name of rematory or other place)		n · City or Town, State
permit. Pages 'Department of Pimportant: If Ite any injury or of once.	21. Signature of Funeral Service Licensee M01044	22. Name and Address of Facility Har 4112 Old Columbia F	ry H. Witzke'	s Family FH Inc.
tificate be executed  g physicien end as the burial-transit ledical Examiner ledical Examiner	Immediate Cause (Final disease or conditions resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):	e obstructive (	ong disens	
het the death certification of the estending a set ached for use as Physician/Me		3 ☐ Ectopic pregnancy 5 ☐ Other (specify)		Date of delivery Month Day Year
ulres thet the signed by old be detacted by Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical By Physical B	Part II. Other significant conditions contributing to death but not resulting in the	e underlying cause given in Part I.	23e. Did tobacco use co	ontribute to the cause of death?  3 Probably 4 Unknown
The law requires the same spanning to page 2 should be decompleted by	mesenteric is chemia		24a. Was an autopsy performed? 1 Yes 2 No	b. Were autopsy findings available prior to completion of cause of death?  1 Yes 2 No
SION Of VITA fending Physicien: seath. tor: Alter this certific the funeral director. cation; To Be	25. Was case referred to medical examiner?  1 Yes 2 Yoo Hospital: 1 Inpatient 2 ER/Outpa  27. Manner of Death 1 Natural 5 Pending investigation 3 Suicide 6 Could not be determined.	tient 3 DOA Other: 4 Nursing Ho e of 28c. Injury at Work? M 1 Yes 2 No	th (Check only one) time 5 ☐ Residence 6 ☑ 28d. Describe how injury occ	rurred
Spitel or At tours efter d nerel Direct filled in by	4 Homicide building, etc. (Specify)  29a. Certifier 1 Certifying Physician: To the best of my knowledge, d	sath occurred at the time, date and place,	City or Town, State)	mamor es statsu.
To the Hospitel within 24 hours e To the Funerel I completely filled Medical Ce	(Check only one)  2 Medical Examiner: On the basis of examination and/o and manner stated.  29b. Signature and title of certifier	r investigation, in my opinion, death occurr	red at the time, date and place	e, and due to the cause(s) ned (Month, Day, Year)
5 × × × ×	30. Name and address of person who completed cause of death (Item 23a) (Ty		1 -	nber 18, 2006 d ZiZok
State	31. Date filed (Month, Day, Year)  SEP 2 0 2006  SEP 2 1 2006  SEP 2 1 2006	N. Charles St.	Palto M	d Zizok

		•	For State Registrar	State of Marylan		artment of H			iene 19. No. 20(	16 31315
	Physici /Medic		1. Decedent's Name (First, Middle, Last) Dorothy Louise Her	rbst Hickman				2. Date of Deat Month	Day Ye	3. Time of Death
	Examin		4a. Facility Name (If not institution, give st Union Memorial Hos	spital		Balti			4c. County of [	
	Funeral Director		5. Social Security Number  214-40-9759  Usual Residence of Decedent	7. Age (In yrs. 64		If Under 1 Year Months Days	If Under 24 Hrs. Hours Min.	8. Date of Birth (Month, Day, Dec 1 1		Birthplace (State or Foreign Country) Maryland
	Ba-f ehow	Director	10a. State 10b. County  MD Anne Arur		y,Town orLo	ville				10d. Inside City Limits 1 Tyes 2
	3a or 2	Dir	10e. Street and Number 8049 Veterans Hwy	. Rol-Park #3	1	10f. Zip Code 21108		1'	0g. Citizen of Wha USA	t Country?
036	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hyglene. Important: If item 27 ie marked other than "natural", or itame 23a or 28a-f show enty fujury or other traumatic event, the Mardical Examiner must be notified at once.	by Funerai		2. Was Decedent Ever in U. Armed Forces?  1 Yes 2 No If Yes, Give Year or Dates:	.S. 13. \	Was Decedent of Hi f Yes, specify Cubar 1 ☐ Yes ZE No	spanic Origin? (Sp n, Mexican, Puerto Specify:	pecify Yes or No- Rican, etc.)	14. Race - /	American Indian, White, etc. White
21215-0036	d within 72 ho jiene. r than "natur ine Macical	Completed	15. Decedent's Educ (Specify only highest grade Elementary/Secondary (0-12)		(Give	dent's Usual Occupa kind of work done d DO NOT use retired, istrative	furing most of worl )	king	16b. Kind of Busin	ess/Industry
Maryland 2	ould be filed Mental Hyg arked othe	To Be C	17. Father's Name (First, Middle, Last)  Lewis Herbst				18. Mother's Nam Rena D	e (First, Middle, M arden	Maiden Surname)	
Mar	d 2 shouth and the modern traum		19a. Informant's Name/Relationship (Type Ted Hickman (Husba			ng Address <i>(Street a</i> Vet. Hwv			•	te, Zip Code) Le, MD 21108
Baltimore,	Pages 1 an nent of Heal int: If item 2 iry or other		20a. Method of Disposition  1 Burial 2XX remation 3 Re 4 Donation 5 Other (Specify)	20b. P	Place of Dispo emetery, crer	sition (Name of natory or other place ematory	9)	Date	20c. Location - City Baltimore	y or Town, State
Balti	permit. Departm Importa eny inju		21. Signature of Funeral Service License	}	22	Name and Addres Hardesty 851 Anna	Funeral		.A. rills, M	21054
	Physician /Medical		23a. Part1. Enter the disease, or complic shock, or heart failure. List only on Immediate Cause (Final disease or condition resulting in death)		tation	_		or respiratory arre		Approximate Interval Between Onset and Death
8760,	rata be executed by yesician and the burial-transit	sal Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	Due to (or as a conseq	uence of):	ructive	Pulmon	lary	Disease	20 yrs
P.O. Box 68	The law requires that the death certificat ate has been signed by the attending phy age 2 should be detached for use as th	Physician/Medical	IF FEMALE: 23b. Was decedent pregnant in the past 12 martits? 1 □ Yes 2 ☑ No 9 □ Unknown	3c. II yes, outcome of pregna 1 □Live birth 2 □ Feta 4 □ Pregnant at time of d 9 □ Unknown	Ideath 3□	Ectopic pregnancy Other (specify)			23d. Date of Month	f delivery Day Year
	quires that t n signed by uld be detac	ρ	Part II. Other significant conditions conf	tributing to death but not res	ulting in the u	nderlying cause give	en in Part I.			te to the cause of death?  Probably 4 □Unknown
Division of Vital Records,	The law require ate has been si page 2 should i	Completed					<del></del>	24a. Was a autops perform 1 Yes 2	y prior ned? deat	e autopsy lindings available r to completion of cause of th? Yes 2 No
Vita	sician: certific irector,	Be	25. Was case referred to medical examiner? 1 ☐ Yes 2 ♣ No	ospital: 1 1 Inpatient 2	FD/0-1-1	. 2 DOA Othe		th (Check only on		0(-)
ion of	To the Hospital or Attending Physician: The I within 24 hours after death. To the Funeral Director: After this certificate he completely filled in by the funeral director, page	ation: To	27. Manner ol Death 1 🗹 Natural 5 🗆 Pending 2 🗀 Accident investigation	28a. Date of Injury (Month, Day Year)	ER/Outpatier 28b. Time of Injury	28c. Injury Work			nce 6 Other (	<i>эрөспу)</i>
Divis	Ital or Atters after der	Certification:	3 ☐ Suicide 6 ☐ Could not be 4 ☐ Homicide determined	28e. Ptace of Injury - At he building, etc. (Specif	ome, farm, str y)	eet, factory, office		28l. Location (St. City or Town		or Rural Route Number,
	To the Hospital within 24 hours a To the Funeral I completely filled	Medical	29a. Certifier 1 Certifying Phys (Check only 2 Medical Examin	ician: To the best of my kno er: On the basis of examina and manner stated.	wledge, death tion and/or in	n occurred at the time vestigation, in my op-	ne, date and place pinion, death occur	, and due to the ca red at the time, da	ause(s) and manne ate and place, and	er as stated. due to the cause(s)
)	To the within To the	Me	29b. Signature and title of certifier	1. D.		29c. License	13894	6	9d. Date signed (A 9/13	
	r		30. Name and address of person who con	mpleted cause of death (Item	23a) (Type,	Print) M. P. M. A	orial l	Licht	( R.I.	/2006 timore MD
	Sta Regist		31. Date liled (Month, Day, Year)	2. Registrar's Sign		A CONTRACTOR		1703011	, Dall	The American

			Registrar	State of Mar	yland / Dep <i>Ce</i>	artment of Hertificate of L	ealth and M Death	Reg	g. No.			
ı	Physicia		1. Decedent's Name (First, Middle, Last)  JAMES KENNETH HART					2. Date of Death Month SEPTEMBER	15, 2006 Pear	3. Time of Death 8:15 A M		
7	/Medic Examin		4a. Facility Name (If not institution, give st 2328 WOODBURY DRIVE			4b. City, Town, or BRYANS			4c. County of Death	ו		
	Funeral Director		5. Social Security Number 6. Sex 212-54-6513	7. Age (	In yrs. last birthday, Yrs.		If Under 24 Hrs. Hours Min.	8. Date of Birth Month, Day, MARCH 7,	9. Birthplace (State or Foreign 7, 1951 WASHINGTON, D.C.			
	yland		Usual Residence of Decedent  10a. State 10b. County	1	Oc. City, Town or L	ocation				10d. Inside City Limits		
	Be-f et	ctor	MARYLAND CHARLES		BRYANS RO					1 Yes 2 No		
	an or 2	Dire	10e. Street and Number 2328 WOODBURY DRIVE			10f. Zip Code 20616	5		g. Citizen of What Co NITED STAT	1		
36	permit. Pages 1 and 2 should be filed within 72 hours after deeth with the Manyland Depertment of Health and Mental Hyglene. Depertment of Health and Mental Hyglene. Important: if Item 27 is marked other than "natural", or Iteme 23a or 28e-f ehow any fujury or other traumatic event, I'm Medical Examiner must be notified at anone.	by Funeral Director		2. Was Decedent Ev Armed Forces? 1 XYes 2 □ No If Yes, Give Year or Dates:	er in U.S. 13.	Was Decedent of His If Yes, specify Cubar		ecify Yes or No- Rican, etc.)	14. Race - Amer Brack, White Specify: RT			
9	72 hour	tedt	15. Decedent's Educ	ation	16a. Dece	adent's Usual Occupa e kind of work done d	tion	ina	6b. Kind of Business/l			
21215-0036	within 7	Completed	Elementary/Secondary (0-12)  10TH GRADE	College (1-4or 5+)	life.	DO NOT use retired; RPENTER	l most or work	""g	CARPENTRY			
2 2	e filed al Hygie other	Be Co	17. Father's Name (First, Middle, Last)		- On			e (First, Middle, M	aiden Sumame)			
Maryland	ould by	To E	JAMES EDWARD HART							T BROCKINGTO		
Mar	nd 2 sh alth and 27 is rr ir traum		19a. Informant's Name/Relationship (Typ LA SHAWN HOLLAND	DAUGHTER	19b. Mail 1670	ing Address (Street a )1 BALD EAC	GLE SCHOO	L ROAD,	City or Town, State, Z BRANDYWINE	n, MD 20613		
Baltimore,	Pages 1 an nent of Heal int: If Item 2 iry or other		20a. Method of Disposition  1 X Burial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	emoval from State		ematory or other place	9)		0c. Location - City or The CHELTENHAM	100		
Balt	permit. Depertr Importa any Inja		21 Anniture of Funeral Service Urense 1 ADIA C. THORNION JO	HINSON MOO58	3		JSTON ROA	ND, INDIA		RYLAND 20640		
ŗ	Physician /Medical Examiner	<u>-</u>	23a. Part1. Enter the disease, or complice shock, or heart failure. List only one limmediate Cause (Final disease or condition resulting in death)  Sequentially list conditions.	Due to (or as a		Iter the mode of dying			st,	Approximate Interval Between Onset and Death		
68760,	icate be executed physician and s the burial-transit	edicai Examiner	cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  d.	Due to (or as a o	consequence of):							
P.O. Box 68	death certif e ettending id for use a	Physician/Med	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 ☐ Yes 2 ☐ No 9 ☐ Unknown	pregnancy ☐ Fetaf death 3			23d. Date of deli Month	very Day Year				
	The law requires that the set has been signed by the page 2 should be detache	þ	Part II. Other significant conditions conf	tributing to death but	not resulting in the	underlying cause give	on in Part I.		acco use contribute to	the cause of death?		
Vital Records,		Completed						24a. Was an autopsy perform 1 Yes 2	prior to death?	topsy findings available completion of cause of		
<u> </u>	/siclan s certifi director	o Be	25. Was case referred to medical examiner?  1 Yes 2 No	ospitaf:	2 ☐ ER/Outpatie	ent 3 DOA Othe		h Check on one	) nce 6 ⊡Other (Spec	arty)		
n of	ng Phy (fter thi uneral (	on; T	27 Manner of Dea n t Natural 5 ☐ Pending	28a. Date of Injury (Month, Day )	28b. Time	of 28c. Injury Work	at ?	28d. Describe how				
Division	To the Hospitel or Attending Physician: within 24 hours after death. To the Funerel Director: After this certific completely filled in by the funeral director,	Certification;	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. Place of Injury building, etc.	y - At home, farm, s (Specify)		∕es 2 □No	28f. Location (Stre City or Town,	eet and Number or Ru State)	ral Route Number,		
	e Hospitel 24 hours a e Funerel l	edical C	29a. Certifier 1 Certifying Physical (Check only one) 2 Medical Examin	ician: To the best of er: On the basis of e and manner state	xamination and/or is	ith occurred at the tim nvestigation, in my op	e date and place inion, death occur	end due to the ear red at the time, da	Ma(s) and manner as te and place, and due	stated to the cause(s)		
)	To the within 2 To the complete	M	29b. Signature and title of certifier	4.4	1ath	29c. License	number £35	29	d. Date signed (Mont)	Day, Year)		
(	BIVA		30. Name and address of person who cor	170	50	Laplai	ta	mo :	2064 t	ò		
	Sta Registr		SEP 1 9 2	32. Redistrar	s Signature	fork						

State of Maryland / Department of Health and Mental Hygiene 2006 31317 For State Registrar Certificate of Death 2. Date of Death 1. Decedent's Name (First, Middle, Last) **Physician** Lloyd Hosier September 15, 2006 9:40 Thomas /Medical 4c. County of Death 4a. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death Examiner 507 Bethel St. Salisbury Wicomico If Under 1 Year | If Under 24 Hrs. Months Days Hours Min. 8. Date of Birth (Month, Day, Year, 5/14/1926 Birthplace (State or Foreign Country) 5. Social Security Number 7 Age (In vrs. last birthday) **Funeral** 1 M 2 □ F Months 80 215-20-2653 Maryland Director Usual Residence of Decedent the Maryland 10d. Inside City Limits 10a. State 10b. County 10c. City. Town or Location "natursi", or Items 23a or 28a-f show the Medical Examiner must be notified at Yes 2 No Director Maryland Wicomico Salisbury 10g. Citizen of What Country? 10e. Street and Number 10f. Zip Code 507 Bethel Street 21804 USA death Completed by Funeral 12. Was Decedent Ever in U.S. Armed Forces? 1∑Yes 2 □ No If Yes, Give Army 14. Race - American Indian, Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Black, White, etc. be filed within 72 hours after 1 Never Married 2 Married Baltimore, Maryland 21215-0036 If Yes, Give Year or Dates: 1 ☐ Yes 2X No Specify: Specify: white 3 □ Widowed 4 □ Divorced 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) (Give kind of work done during most of working life. DO NOT use retired) than " Elementary/Secondary (0-12) College (1-4or 5+) Master Electrician Electric Il Hygie permit. Pages 1 and 2 should be tilk Department of Health and Mental Hy Important: If Item 27 is marked oth any injury or other traumatic svent, 900.8. 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Lloyd Hosier Edna Adkins 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) 1208 Calebs Way, Salisbury, MD 21804 Tammy Betterton/daughter 20c. Location - City or Town, State 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition cometery, cromatory or other place Wicomico Memorial 1 Daurial 2 Cremation 3 Removal from State 9/20/06 Salisbury, MD 4 ☐ Donation 5 ☐ Other (Specify) Park 21. Signal to of Funeral Service Licensee Professional Association 501 Snow Hill Rd., Salisbury, MD 21804 Approximate Interval Between On set and Death 2da. Part1. Enter the disease, or complications that cause it is death. Do not enter the mode of dying, such as cardiac or respiratory arrest shock, or heart failure. List only one cause on each line. Immediate Cause (Final disease or condition resulting in death) Physician 01 /Medical Due to (or as a consequence of) **Examiner** Sequentially list conditions, if any, leaving to an involved cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of) Examiner To the Hospitel or Attending Physician: The law requires that the death certificate be executed burial-trar Due to (or as a consequence of) P.O. Box 68760, Physician/Medical for use as the IF FEMALE: 23c. If yes, outcome of pregnancy 1 ☐ Live birth 2 ☐ Fetal death 23d. Date of delivery 23b. Was decedent pregnant 3 Ectopic pregnancy Day in the past 12 months? 1 ☐ Yes 2 ☐ No 4□Pregnant at time of death 5 Other (specify) detached 9 Unknown 9 Unknown 23e. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. ρ Division of Vital Records, director, page 2 should be 1 🗌 Yes 2 No 3 Probably 4 Unknown Completed 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performe 2∏No 1□ Yes PNo 1 Yes Be 25. Was case referred to medical examiner? 26. Place of Death (Check only one, Hospital: 2 No 1 🗌 Yes 1 Inpatient 2 ER/Outpatient 3 DOA Certification: To the funeral 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred After Natural 2 Accident 5 Pending investigation 1 ☐ Yes 2 ☐ No within 24 hours after death. To the Funerel Director: A 6 Could not be determined 3 🗍 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) filled in by 4 Homicide Certifying Physicien: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29a. Certifier completely (Check only one) 29c. License number 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifier DALA 036576 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 560 RIVERSIDE KOWALD ROYU LTZ 31. Date filed (Month, Day, Year) gistrar's Signature State 9 2006 Registrar

DHMH 17 Rev 1/2001

		•		artment of Health and Mental Hygic ertificate of Death	ene g. No. 2006 31318
			Decedent's Name (First, Middle, Last)	2. Date of Death	3. Time of Death
	Physici: /Medic		Luisa V. Iglesia	as Sept.	16,2006 11:45AM
	Examin		4a. Facility Name (If not institution, give street and number)	4b. City, Town, or Location of Death	4c. County of Death
_			Southern Maryland Hospital  5. Social Security Number 6. Sex 7. Age (In yrs. last birthday,		Prince George  9. Birthplace (State or Foreign
	Funeral Director		580-70-5973 1 M 2 XF 94 Yrs.	Months Days Hours Min. Feb. 25	year 1912 New York
	D .		Usual Residence of Decedent		
	arylan ehow	_	10a. State 10b. County 10c. City, Town or L		10d. Inside City Limits 1 ☐ Yes 2 ☑ No
	Be-f	5	Maryland Prince George Suitlar		21
:	with t	훕	10e. Street and Number		g. Citizen of What Country?
	death with the Maryland ims 23a or 28e-f ehow	Funeral Directo	2525 Fairhill Dr.  11. Marital Status 12. Was Decedent Ever in U.S. 13.	20746  Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.)	USA 14. Race - American Indian,
ο .	or item	풀	Armed Forces?  1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 ☐ No	If Yes, specify Cuban, Mexican, Puerto Rican, etc.)  15 Yes 2 No Specify: Puerto Ric	Black, White, etc.
3-003c	72 hours after natural', or ite dical Examine	d by	1 Never Married 2 Married 1 Yes 2 No If Yes, Give Year or Dates:	Yes 20 No Specify: Fuel CO Kitch	Call Specify: III Spanic
<u>ה</u>	natu	Completed	15. Decedent's Education 16a. Dece (Specify only highest grade completed) (Give	edent's Usual Occupation  e kind of work done during most of working  DO NOT use retired)	6b. Kind of Business/Industry
7	within ene. than "	m d	Flementary/Secondary (0-12)   College (1-4or 5±)		Ted. Government
N	other	ပိ	17. Father's Name (First, Middle, Last)	18. Mother's Name (First, Middle, Mi	
land	Ild be Tked c	To B	Eduardo Iglesias	Casilda Virue	et
Mary	s 1 and 2 should be filed within 72 hours after death with the Marylar if Health and Mental Hygiene 1. The file marked other than "natural", or Items 23a or 28e-f show other treumatic event, the Madical Examiner must be notified at			ing Address (Street and Number or Rural Route Number,	
	and sealth m 27			Fairhill Dr. Suitland	·
2	iges 1 nt of F if ite or of		20a. Method of Disposition  1 Burial 2 Commation 3 Removal from State  Kalas	Crematory or other place)	dgewater, Md.
	it. Pa intmer intent njury	1	4 □Donation 5 □ Other (Specify)  21. Signature Suneral Service Licensee 2	9/29/2006 E. 12. Name and Address of Facility Geo. P. Ka	las Funeral Home
g	permit. Pages 1 an Department of Heal Important: if item 2 eny injury or other 9052.		Art - Kala 1	160 Oxon Hill Rd. Oxon	Hill, Md. 20745
			23a. Part . Enter the disease, or complications that caused the death. Do not en shock, or heart failure. List only one cause on each line.	iter the mode of dying, such as cardiac or respiratory arres	st, Approximate Interval Between
F	hysician		Immediate Cause (Final	renal failure	Onset and Death
ı	/Medical Examiner		resulting in death)  Due to (or as a consequence of):		
ı	LAdillillei	_	if any leading to immediate Due to (or as a consequence of:	rend failure	
	ted nsit	Examiner	cause. Enter Underlying	Congestive heart &	Continue
,	be executed icien and burial-transi	Exar	resulting in death) Last C. Due to (or as a consequence of):	and the second second	
		icai	a Atheriscle	note Cardialason	lar disperse
S S	death certificate e ettending phys d for use as the	P .	IF FFMAI F:		
ŏ	ath ce	lan/	23b. Was decedent pregnant in the past 12 months? 23c. If yes, outcome of pregnancy 1 ☐ Live birth 2 ☐ Fetal death 3 [	□Ectopic pregnancy	23d. Date of delivery  Month Day Year
<b>.</b>	the de	Physician/M	1 □ Yes 2 Mo 4□ Pregnant at time of death 5 9 □ Unknown	Other (specify)	
ŗ.	law requires that the as been signed by th 2 should be detache	P.	Part II. Dther significent conditions contributing to death but not resulting in the		acco use contribute to the cause of death?
ecords,	quires in sign	ed by	Atrial Diabet	old myexardial 10 Yes	s 2 No 3 Probably 4 Unknown
ပ္က	aw re	piet	intarchial Diabet	er Mallitus, 24a. Was an	
	itclen: The law requires that the death certifics certificate has been signed by the ettending phrector, page 2 should be detached for use as t	Completed	,	autopsy perform	ed? death?
Vital H	ysician: is certific director.	Be (	25. Was case referred to medical examiner?	26. Place of Death (Check only one,	
6	Physion this caldine	၉	1 ☐ Yes 2 No Hospital: 1 No Inpatient 2 ☐ ER/Outpatie		
ב	ling After uner	o	27. Manner of Death 1 DNatural 5 Pending 28a. Date of Injury (Month, Day Year) Injury	of 28c. Injury at Work?  M 1 Tyes 2 No	w injury occurred
DIVISION	r Attendi er death. rector: A by the fu	fical	2 Accident investigation 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, st		eet and Number or Rural Route Number,
=	pitel or / ours after leral Dire filled in b	Certification:	4 ☐ Homicide determined building, etc. (Specify)	City or Town,	
			29a. Certifier (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Ch	th occurred at the time, date and place, and due to the cau	use(s) and manner as stated.
	To the Hos within 24 h To the Fur completely	Medical	one) and manner stated.  29b. Signature and title of certifier	2.0	ld. Date signed (Month, Day, Year)
	10				
	(5)		30. Name and address of person who completed cause of death (Item 23a) (Tupe	Print) 012 Price And	town Road #310
	9		30. Name and address of person who completed cause of death (Item 23a) (Type BASTRMOHMAD F. KOLIA	7. M.D. CLINTAN	MD 20735
	Sta		31. Date filed (Month, Day, Year) 32. Registrar's Signature		
	Registr	ar	SEP 1 9 2006 Charles		

			For State Registrar	5	State o	f Marylar	nd / Depa <i>Cei</i>	artmen <i>tificate</i>	t of H	ealth a Death	and M	ental Hyg	giene Reg. No.	200	6 3	31319
	Division		1. Decedent's Name (First, Mide	de, Last)								2. Date of Dea Month	ith Day	Year		ime of Death
	Physici /Medic		Shirley L.	Joi	nes							Septemb	er 1	4,2006	5 11	:45 A M
	Examin		4a. Facility Name (If not instituti			nber)		7.		Location o				County of De		
			2516 Bellefie		urt	7 4 //	to an friend to A	Fort		hingt HUnder:		O Data of Diet		nce Ge		
	Funeral		5. Social Security Number 176 26 6957	6. Sex 1 □ N	4 2∏F	7. Age (In yrs. 70	Yrs.	Months	Days	Hours	Min.	8. Date of Birtl (Month, Day January	/, Year)	936 Po	Inplace (Sountry)	State or Foreign .vania
	Director		Usual Residence of Decedent									January	10,1	750 TE	шзут	vania
	hours after death with the Maryland tural', or itams 23a or 28a-1 show at Examination must be notified at		10a. State 10b. Coun	,			ty, Town or Lo									side City Limits
	P-f st	š	Maryland Prince	ce Geo	orge's	For	t Wash:	ingto	n						1 (	∐Yes 2∭No
	or 28	Director	10e. Street and Number					10f. Zip					10g. Citiz	en of What C	ountry?	
	23a unit	aic	2516 Bellefie	Ld Cou	ırt			207						d Stat		
	r dea	Funeral	11. Marital Status		Armed Fo	dent Ever in U rces?	l.S. 13.	Was Deced f Yes, spec	lent of His	spanic Orig n, Mexican	gin? (Spe , Puerto l	cify Yes or No- Rican, etc.)	1	<ol> <li>Race - Ал Black, Wh</li> </ol>		tian,
36	ori	by Fi	1 ☐ Never Married 2 🔀 Ma 3 ☐ Widowed 4 ☐ Divorce		1 □ Yes If Yes, Giv Year or D	2⊠No ∕e		1 □ Yes 2	2₹ No	Specify:				Specify:		
Ş	s within 72 hours after death with the Marylan liene: rthan "natural", or itams 23a or 28a-1 show the Modical Examiner mast be notified at			ent's Educa		a165.	16a. Deced	ient's Usua	I Occupa	tion	-			rican		ican
55	in 72 n "nai	Completed	(Specify only high	est grade d	completed)	4== 5 - \	(Give	kind of wor OO NOT us	k done d	uring most	of workii	1g			,	
212	s within piene.	E	Elementary/Secondary (0-12) -12-		College (1		Aquis	ition	Spe	ciali	st		Fede	ral Go	verm	ment
b	ant,	BeC	17. Father's Name (First, Middle	, Last)						18. Mothe	r's Name	(First, Middle,	Maiden S	Sumame)		
<u>la</u>	should be nd Mental marked c	D E	James Lucas							Lil1	ian	Fortune				
Maryland 21215-0036	S D E E		19a. Informant's Name/Relation	ship <i>(Type</i>	, Print)			-				l Route Numbe				
	s 1 and 2 of Health a item 27 is other tree		Joe E. Jones -	- Spot	ıse	lee.	_			ld Co		Fort Wa				
ore	if iter or off	1	20a. Method of Disposition 1   Burial 2 □ Cremation	ı 3 ∐Ren	noval from	o	Place of Dispo	natory or or	ther place	9)	D	ate	20c. Loc	ation - City o	r Town, S	tate
Ë	Pages Iment of tant: If it jury or o		`4 □Donation 5 □Other	Specify)		D.T.	lingtor netery					er2,2006				
Baltimore,	permit. Page Department of Important: if any Injury or once.		21. Signature of Funeral Service  Robert	ع-	Est	MAIL	5	755 Ca	ast1	ewe11	an D	ferson rive Al	exan			2315
			23a. Part1. Enter the disease, shock or heart failure. Li	or complica	tions that o	aused the deat	th. Do not ent	er the mod	e of dying	, such as	cardiac o	r respiratory ar	rest,		Appr	oximate val Between
	Physician		Immediate Cause (Final disease or condition				KU 4	CARI	1100	To	ula	10			Onse	at and Death
1	/Medical		resulting in death)	-	Due to	Oras a consec	quen of):	-1 (12)		-1.1					-	- 1/
	Examiner		Sequentially list conditions.	b.,-	OV.	AKiem	CAL	ICER							50	months
	sit sd	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	Į	Due to	or as a consoc	ruenca of).								1	
	and -tran	Хаш	that initiated events resulting in death) Last	c	Due to	or as a consec	mence of).									
8760,	death certificate be executed the attending physician and of for use as the burial-transit					,	, , .									
687	phys phys s the	Physician/Medical		d												
×	onding p	/We	IF FEMALE: 23b. Was decedent pregnant	230		come of pregna							2:	3d. Date of de	elivery	
Вох	atter for L	clar	in the past 12 months?		4□Pregn	inth 2 Fete		]Ectopic pr ] Other (sp						Month	Day	Year
0	t the de by the	hysi	9 Unknown		9□Unkn	own										
٥,	law requires that the as been signed by th 2 should be detache	by P	Part II. Other significant condi	tions contri	ibuting to d	eath but not res	sulting in the u	nderlying ca	ause give	n in Part I.		23e. Did to	bacco us	e contribute	to the cau	se of death?
Ę	w require been sig should b	ed	Tracked become	3/20	04 0	nil	8 200	G for	ZA	dvan	rcect,	1 U Y	es 2□	]No 3□F	robably	4 🗹 Unknown
ပ္သ	law re as bee 2 sho	plet	metastatic i	Dvan	ian	CANO	LR.					24a. Was autop		24b. Were a	utopsy fin	idings available on of cause of
æ	The I	Completed				_						perfor		death? 1 ☐ Ye		•
of Vital Records,	ien: rtifica ctor, p	Bec	25. Was case referred to medic examiner?	al						26. Place	of Death	(Check only o				
<b>_</b>	Physicien: this certific ral director,	2	1 ☐ Yes 2 ☑ No	Hos	spital:	npatient 2	ER/Outpatien		_	4 🗆 140	rsing Hor	ne 5 Resid	ence 6	☐Other (Sp	ecify)	
0		ë	27. Manner of Death 1 ☑Natural 5 ☐ Pend	lina	28a. Date (Mon	of Injury th, Day Year)	28b. Time of Injury		8c. Injury Work			28d. Describe h	ow injury	occurred		
sio	2 # : o	cati	2 ☐ Accident inves 3 ☐ Suicide 6 ☐ Coul	tigation d not be		ALCON AND		М		′es 2⊟i		204  +i /C	·	l Alicenter en est	Description of the control	a Alexantes a
Division	l or Attending after death. Director: After d in by the fune	ertification;		mined	28e. Place buildi	of Injury - At h ng, etc. (Speci	ome, tarm, str	eet, tactory	, office		l '	28f. Location (S City or Tow		Number or F	turai mout	e rumber,
	Hospital 4 hours Funeral tely filled	Medical Co			r: On the b							and due to the dead at the time, d				ause(s)
	To the within 2 To the complex	Mec	29b. Signature and title of certif	ier			inf,	290	. License	number	1A		29d. Date	signed (Mor	nth. Day, Y	(ear)
	1318				Kn	· (	n-00	1	45	319	6		9	119/	000	6
	(15)		30. Name and address of person		pleted caus	e of death (Iter	m 23a) (Type,	Print) 900	Ge	NON	aA	ve DL	0 6	Ursett	DC 2	0307
4	Sta Registi		31. Date filed (Month, Day, Yea		32. R	egistrar's Sign	ture	1-0	-10			- ( *				
	negisti	aı	254 % A 7000	per		7										

			1 - For State Registrar	State of Marylar	nd / Depar		ealth and M	lental Hygie	_	5 31320	
	Physici /Medic Examir	cal	1. Decedent's Name (First, Middle, Las Maria J.  4a. Facility Name (If not institution, give	Joy	1 6	4b. City, Town, or L Clinton		2. Date of Death Month Sept 14			
	Funeral Director		Southern Maryl  5. Social Security Number  6. So  579-38-4179  Usual Residence of Decedent		last birthday)		If Under 24 Hrs. Hours Min.	8. Date of Birth (Month, Day, Y Dec 24,		thplace (State or Foreign ountry)	
	he Maryland 28a-f ehow cuffed at	ector	10a. State 10b. County PG		ty, Town or Loca restvil	lle				10d. Inside City Limits 1 XYes 2 □ No	
036	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23a or 28s-f show any njury or other traumatic event, the Medical Examinar must be notified at ance.	Completed by Funeral Director	10e. Street and Number  2744 Lorring Dr  11. Marital Status  1 Never Married 2 Married  3 Widowed 4 Xivorced	ive #204  12. Was Decedent Ever in U Armed Forces? 1 ☐ Yes 2 ☒No If Yes, Give Year or Dates:		10f. Zip Code 20747 as Decedent of His 'es, specify Cuban. Yes 28 No		U	3. Citizen of What Co SA 14. Race - Am Black, Whi Specify: B1	erican Indian, te, etc.	
id 21215-0036	filed within 72 hoi I Hygiene. other then "neturi ent, the Medical i	Be Completed	15. Decedent's Ed (Specify only highest gra Elementary/Secondary (0-12) 1 2 th 17. Father's Name (First, Middle, Last)	ucation de completed) College (1-4or 5+)	16a. Deceder (Give kir life. DC Techni		ring most of worki	ng		Archives	
Maryland	shouid be and Mentai s marked umatic av	2	Abraham Wright  19a Informant's Name/Relationship (7)	• •	19b. Mailing	Address (Street an	sabelle	il Route Number, (	City or Town, State,	Zip Code)	
	ages 1 and 2 nt of Health :: If Item 27 or other tru		Cheryl Wright (1 20a. Method of Disposition 1X Burial 2 Cremation 3 C	20b. I	Place of Dispositi			Date 20	ghts Md. ic. Location - City or litland	Town, State	
Baltimore,	permit. Pa Departme Important any njury once		4 Donation 5 Other (Specify 21. Signature Funeral Service Licen		) 22. N	Name and Address	of Facility Wa	sh, DC 719 Ker	20011 nedy St	. NW	
760,	Anstoien and hysicien and hysicien and hysicien and hysicien and hysicien and hysicien and hysicien and hysicien and hysicien are hybridized by the burial-transit are provided by the provided hybridized by the burial-transit are provided by the burial-transit are provided by the burial-transit are provided by the burial-transit are provided by the burial-transit are provided by the burial-transit are provided by the burial-transit are provided by the burial-transit are provided by the burial-transit are provided by the burial-transit are provided by the burial-transit are provided by the burial-transit are provided by the burial-transit are provided by the burial-transit are provided by the burial-transit are provided by the burial-transit are provided by the burial-transit are provided by the burial-transit are provided by the burial-transit are provided by the burial-transit are provided by the burial-transit are provided by the burial-transit are provided by the burial-transit are provided by the burial-transit are provided by the burial-transit are provided by the burial-transit are provided by the burial-transit are provided by the burial-transit are provided by the burial-transit are provided by the burial-transit are provided by the burial-transit are provided by the burial-transit are provided by the burial-transit are provided by the burial-transit are provided by the burial-transit are provided by the burial-transit are provided by the burial-transit are provided by the burial-transit are provided by the burial-transit are provided by the burial-transit are provided by the burial-transit are provided by the burial-transit are provided by the burial-transit are provided by the burial-transit are provided by the burial-transit are provided by the burial-transit are provided by the burial-transit are provided by the burial-transit are provided by the burial-transit are provided by the burial-transit are provided by the burial-transit are provided by the burial-transit are provided by the burial-transit a	lical Examiner	23a. Part 1. Exter the disease, or companions, for eart failure. List of your shock, it was (Final disease or condition resulting in death)  Sequentially list conditions if any, leading to immediate cause. Enter Underfying Cause (Disease or injury that initiated events resulting in death) Last	b.  Due to (or as a consect.)  Due to (or as a consect.)  Due to (or as a consect.)  Due to (or as a consect.)	welcon guence of): 2 state quence of):	the mode of dying,	such as cardiac c	or respiratory arres		Approximate Interval Between Onset and Death  Um (Um On )  Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to the Continued to th	
P.O. Box 68	The law requires that the death certifica tie has been signed by the ettending ph tage 2 should be detached for use as th	Physician/Med	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 □ Yes 2 IXNo 9 □ Unknown	23c. If yes, outcome of pregn 1 □ Live birth 2 □ Fete 4 □ Pregnant at time of o	el death 3 □E	ctopic pregnancy Other (specify)			23d. Date of de Month	livery Day Year	
Records, P.	w requires that been signed by should be deta	ted by Ph	Part II. Other significant conditions of	ontributing to death but not res	sulting in the unde	erlying cause given	in Part I.			o the cause of death? robably 4 @Onknown	
Vital Rec	sicien: The law s certificate has b irector, page 2 sl	e Completed by	25. Was case referred to medical	is in			26 Place of Death	24a. Was an autopsy performe 1 Yes 2	prior to	utopsy findings available completion of cause of	
of	ding Phy I. After this funeral d	ation; To B	27. Manne eath  1 Natural 5 Pending 2 Accident investigation	28a. Date of Injury (Month, Day Year)	ER/Outpatient 28b. Time of Injury	3□ DOA Other 28c. Injury a Work?	4 ☐ Nursing Ho	20 0	ce 6  Other (Speinjury occurred	ocify)	
Division	To the Hospitel or Attent within 24 hours after death To the Funeral Director: completely filled in by the	Certification;	3 Suicide 6 Could not be determined	building, etc. (Special	fy) 			City or Town,			
	the Hospitel or nin 24 hours afte the Funeral Dir npletely filled in	Medical	one) 2 Medical Exam	reician: To the best of my known that: On the basis of examination and manner stated.	ation and/or inves	stigation, in my opir	nion, death occurr	ed at the time, date	and place, and du	e to the cause(s)	
)	of to mo	2	29b. Signature and title of certifier	1		29c. License		1	Date signed (Moni		
_	Cole		30. Name art address of person who	1 980 Ccc	MAR	e 3-41	8, lues	sprj	MD 209	02	
	Sta Registi		SEP 2 0 2006	32. Redistrar's Sign	ature						

			1 - For State Registrar	State of Maryla	and / Dep <i>Ce</i>	artment of I	Health an <i>Death</i>		reg. No.	06 31321
	Physici /Medi	cal	Decedent's Name (First, Middle, La     GEORGE RAYMOND J.      4a. Facility Name (If not institution, give	ARVIS, SR.		4b. City, Town,	or Location of F			
	Examir Funeral	ier	WASHINGTON ADVENT 5. Social Security Number 6. S	CIST HOSPITAL	rs. last birthday,	TAKO	MA PARK	ζ	MONTO	GOMERY  Birthplace (State or Foreign Country)
	Director		578 40 2097 Usuaf Residence of Decedent		80 Yrs.	Months Days	Hours	Min. (Month, Day AUG • 01	, 1926 NO	ORTH CAROLINA
	ler death with the Marylan Items 23a or 28a-f show Let must be collified at	Director	10a. State 10b. County  MD PRINCE 0		City, Town or L	RLBORO				10d. fnside City Limits  XX Yes 2 □ No
	s 23a or 2	rai Dir	11326 KETTERING F				4-1573		UNITED	STATES
9800	72 hours after death with the Maryland natural', or fleme 23a or 28a-f show alsal Examinat must be redified at	d by Funerai	11. Marital Status  1 □ Never Married 2 □ Married  3 □ Widowed 4 ▼ Privorced	12. Was Decedent Ever in Armed Forces? XXIVes 2 \sum No If Yes, Give Year or Dates: 194		Was Decedent of I If Yes, specify Cub 1 ☐ Yes XX No		? (Specify Yes or No- querto Rican, etc.)	Specify:	American Indian, White, etc. BLACK
21215-0036	within ene. then "	Completed	15. Decedent's E. (Specify only highest grade) Elementary/Secondary (0·12) 12TH	ducation ade completed) College (1-4or 5+)	(Give	dent's Usual Occup kind of work done DO NOT use retire	during most of ad)	f working	16b. Kind of Busin	ness/Industry  NGTON TERMINAL
Maryland 2	be filed Ital Hyg Id othe event,	To Be C	17. Father's Name (First, Middle, Last, GEORGE R. JARVIS	)			18. Mother's	Name (First, Middle, UNKNOWN)	Maiden Sumame)	
	s 1 and 2 short if Health and item 27 Is m other traum		19a. Informant's Name/Relationship ( GEORGE R. JARVIS,  20a. Method of Disposition XIX□ Burial 2 □ Cremation 3 □	JR. / SON	11326		NG PLAC	CE UPPER MA		MD 20774-1573
Baltimore,	permit. Page Department o Important: If any injury or ance.		4 Donation 5 Other (Specif	y) M	2	VETERANS AMESHALL 308 SUIT	ss of Facility S FUNER	RAL HOME OI	CHELTEN F MARYLAN LAND, MD	D, INC.
	Physician		23a. Part1. Effer the disease, or com shock, of heart failure. List only fmmediate Cause (Final disease or condition	one cause on each line.	eath. Do not en		ng, such as car	rdiac or respiratory arr		Approximate Interval Between Onset and Death
*	/Medical Examiner sicien and parial-Itansil	Examiner	resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last		U (AR	01.42	(4)	PRenier		
68760,	icate be ex physicien s the buria	cal		d. ( o P 0	MARY	PRTE	sh b	156ASB		-
P.O. Box (	it the death certificate be executed by the attending physicien and tached for use as the burial-transit	Physician/Med	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 □ Yes 2 □ No 9 □ Unknown	23c. If yes, outcome of pre 1 Live birth 2 F 4 Pregnant at time of	etal death 3	□Ectopic pregnanc □ Other (specify) _	у		23d. Date o Month	f delivery Day Year
	The law requires that the ate has been signed by th page 2 should be detache	þ	Part II. Other significant conditions of	contributing to death but not	resulting in the u	nderlying cause gr	ven in Part I.			te to the cause of death?  Probably 4 Unknown
Vital Records,	i: The law re cate has be ; page 2 sho	Completed						24a. Was a autops perform	sy prio med? dea	e autopsy findings available r to completion of cause of th? Yes 2 \( \subseteq \) No
ΖÏ	Physicien: Th this certificate ral director, pag	Be	25. Was case referred to medicat examiner?  1 ☐ Yes 2 ☐ No	Hospitaf:		Ott	hor	Death Check only or	-500	
Division of	To the Hospital or Attending Phy within 24 hours afted death. To the Funeral Director: After this completely filled in by the funeral d	ation: To	27. Manner of De th  1 Naturaf 5 Pending 2 Accident investigation	28a. Date of Injury (Month, Day Year	28b. Time of Infury	f 28c. Inju	4 🗀 Nursii	ng Home 5 ☐ Reside	ence 6 Other (	Specify)
Divis	ital or Atturs after de ral Directo	Certification:	3 Suicide 6 Could not b 4 Homicide determined	building, etc. (Spe	ecify)			City or Town	n, State)	or Rural Route Number,
	the Hospital in 24 hours a the Funeral inpletely filled	ledical	one) 2[] Medical Exar	nysician: To the best of my liner: On the basis of examiner: and manner stated.	knowledge, deat unation and/or in	vestigation, in my	opinion, death o	occurred at the time, d	late and place, and	due to the cause(s)
)	Torm	Σ	29b. Signature and title of certifier	MD		29c. Licens	4		29d. Date signed (A	
R	(4)		30. Name and address of person who K. Sv D. H. A.K. A.R 31. Date filed (Month, Day, Year)  SEP. 2 0 2006	completed cause of death (I	Item 23a) (Type,	Print)	A 46 41	J30 TAKOM	A PARK	m 1) 20912
	Sta Registr		SEP 2 0 2006	Con A	F COM	W				

		1 - For State Registrar	State o	f Maryland	d / Depa	artmen <i>tificat</i>	t of H e of L	ealth a Death	and M		iene _{eg. No.} 200	6	31322
Physic /Medi		Decedent's Name (First, Middle, Shirley St.	Last) nith	James						2. Date of Deal Month Septemb	Day Yes		3. Time of Death
Examir		4a. Fecility Name (If not institution, 3001 Birchtree		mber)		4b. City,		Location o	f Death		4c. County of D	eath	omery
Funeral Director		305-40-3068	6. Sex 1 □ M 2 🖾 F	7. Age (In yrs. Ia 65	st birthday) Yrs.	If Under Months	1 Year Days	If Under 2 Hours	Min.	8. Date of Birth (Month, Day, April 1	Year) 9. 0, 1941	Count	ace (State or Foreign try) diana
h the Maryland r 28a-f show	Director	Usual Residence of Decedent  10a. State 10b. County  Maryland Mc  10e. Street and Number	ontgomery		Town or Lo		Code			1	0g. Citizen of What		Od. Inside City Limits 1 ☐ Yes 2 덦 No try?
is 1 and 2 should be filed within 72 hours after death with the Maryland Health and Mental Hygene. If Health and Mental Hygene. Item 27 is marked other then "neturel", or Iteme 23a or 28a-1 show other traumatic event, the Madical Expinitizer court be notified at	by Funeral D	3001 Birchtree  11. Marital Status  1 Never Married 2 Marrie 3 Widowed 4 Divorced	12. Was Deci	2 □ No		Was Deced f Yes, spec	lent of Hi	0906 spanic Orig n, Mexican Specify:	gin? (Spe , Puerto F	cify Yes or No- lican, etc.)	USA  14. Race - A Black, W Specify:B]	/hite, e	etc.
ad within 72 hou giene. er then "neture i, the Mudical E.	Completed	15. Decedent (Specify only highest Elementary/Secondary (0-12)	s Education		16a. Deced (Give life. L	tent's Usua kind of woi DO NOT us ACCOU	rk done o se retired,	luring most )	of working	g	16b. Kind of Busine Hospit		ustry Management
should be nd Mental marked o	To Be (	17. Father's Name (First, Middle, L Charles Pleasant 19a. Informant's Name/Relationsh	ine Smit	h	19b. Mailin	ig Address	(Street a	Twyl	a Be	rnice S	Maiden Sumame) mith . City or Town, State	e, Zip	Code)
permit. Pages 1 and 2 Depertment of Health a important: if item 27 is any injury or other trau		Gladston D. Jar  20a. Method of Disposition  1 Strial 2 Cremation  4 Donation 5 Other (Sp  21. Signature) of Funeral Service L	3 □Removal from ecify)	State 20b. Pla	e of Hea	sition (Nam natory or o even Ce ramean	ne of ther place emeter gAdgres	s cesquin	Sept. 200	20, 6 Funeral	Home Inc	orTov rir	wn, State ng, Marylan . MD 20301
Physician /Medical Examiner  physician and physician and physician and physician and physician are physician and physician are physician and physician are physician and physician are physician and physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are physician are p	dical Examiner	23a. Pan1. Enter the disease, shock, or hear failure. List of immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, fan, Laur go trimediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	a. Metas: Due to b. Units to	aused the death.  ach line.  tatic Br  (or as a conseque  (or as a conseque  (or as a conseque	reast (			g, such as o	cardiac or	respiratory arre	est,		Approximate Interval Between Onset and Death
The law requires that the death certifics leave squires that the death certifics lie has been signed by the attending proage 2 should be detached for use as it	hysician/Med	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 □ Yes 2 □ No 9 □ Unknown	1 ☐ Live b	come of pregnan- lirth 2 Fetal c ant at time of dea own	death 3□	Ectopic pro				•	23d. Date of Month		y Day Year
iw requires that s been signed b	Completed by Pl	Part II. Other significant condition	s contributing to do	eath but not result	ting in the ur	nderlying ca	ause give	n in Part I.		1	a 24h Were	Proba	ably 4 Unknown
	Be	25. Was case referred to medical examiner?	Hospital:				Othe	<i>c</i>		Check only one	y prior ned? death kont 1 ☐ Y	to com i? 'es a	opletion of cause of 2 ☐ No
To the Hospital or Attending Physician: within 24 hours after death To the Funeral Director After this certific completely filled in by the funeral director.	Certification; To	1	28a. Date (Monitor) of the 28e. Place		R/Outpatien 28b. Time of Injury ne, farm, stre	M	Bc. Injury Work 1 🗆 Y	4 LI Nur	10	8d. Describe ho	nce 6 Other (S w injury occurred  reet and Number or . State)		
Hospital o 24 hours att Funeral Di etely filled in	edical Cer	29a. Certifier 1 S Certifying (Check only one)	Physician: To the xaminer: On the ba	best of my know	ledge, death	occurred a	at the tim in my op	e, date and inion, deatl	d place, a	nd due to the ca	use(s) and manner ite and place, and c	as sta	ited. the cause(s)
To the To the complet	Me	29b. Signature and title of certifier	of. CL	. Mb.			License			29	od. Date signed (Mo Septembe		
Sta	ate	30. Name and address of person w Minetta Liu, M. 31. Date filed (Month, Day, Year)	D 3800	Reservo	ir Roa	•	W, W	ashin	gton	, DC 200	003		

DHMH 17 Rev 1/2001

	•	1 - State Registrar	State of Marylar	•	artmen rtificat				Re	eg. No. 2	006		32
Physicial /Medica		Decedent's Name (First, Middle, Last)  LEWIS  4a. Fecility Name (If not institution, give si	FRANK JAMES		4b. City.	Town, or	Location o		2. Date of Deat Month Septemb	er 18,	Year 2006 ty of Death	3. Time o	A M
Examine Funeral Director		Frederick Memoria  5. Social Security Number 6. Sex		last birthday) Yrs.	Fre	deri 1 Year Days		24 Hrs.	8. Date of Birth (Month, Pay, Aug • 4,	Fred	lerick 9. Birth	lace (State	or Foreig
	lor	Usuel Residence of Decedent  10a. State 10b. County  Maryland Frederick		y, Town or Lo								10d. Inside C	ity Limits
n with the	Funeral Directo	10e. Street and Number 534 Lee Place		*	10f. Zip	Code 21702			1	0g. Citizen of U.S.A		ntry?	
urs a	۵	11. Marital Status  1 Never Married  3 Widowed 4 Divorced	2. Was Decedent Ever in U Amped Forces? 12 Yes 2 No If Yes, Give Year or Dates:	.s. 13. 1	Was Deced if Yes, spec		spanic Origin, Mexican Specify:	gin? (Spec i, Puerto R	cify Yes or No- lican, etc.)	Bi	ace - Ameri ack, White, ify: Whi	etc.	
giene. giene. ar then "natur , the Medical	Completed	15. Decedent's Educ (Specify only highest grade Elementary/Secondary (0-12) 12			dent's Usua kind of wo DO NOT us reman	rk done d se retired,	tion uring most	of workin	g	16b. Kind of I		dustry actor	У
Mental Hy irked other stic avant,	To Be C	17. Father's Name (First, Middle, Last)  Lewis Frank	James, Sr.						(First, Middle, M		ıme)		
alth and the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nation of the nat	- 1	19a. Informant's Name/Relationship (Type Mrs. Jane S. James							ek, Mar				
ment of He ant: If iten ury or oth		20a. Method of Disposition 1 ☐ Burial 22☐ Cremation 3 ☐ Re 4 ☐ Donation 5 ☐ Other (Specify)		Place of Dispo cometery, crer ithsburg	natory or o	ther place	s)   S		L9, 2006	20c. Location Smith			
Deperting any injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury injury in		21. Signalure of Funeral Service License	) MOO2	25 10	6 Eas	st Ch	urch	Stre	d PA Fu et, Fre	derick	Home , MD	2170	1
Nysician Medical xaminer pe prijal-itansij	Ical Examiner	23a. Part 1. Enter the disease, or composition of heart failure. List only of lammediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	Due to (or as a consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consec	puence of :					O 52			Approxima Interval Be Onset and	Death
within 24 hours effer death.  To the Funeral Director: After this certificate has been signed by the ettending physicien and completely filled in by the funeral director, page 2 should be detached for use as the burial-transit	Physician/Med	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 □ Yes 2 □ No 9 □ Unknown	c. If yes, outcome of pregn 1 Live birth 2 Feta 4 Pregnant at time of o	Ideath 3	Ectopic pr						ate of deliv	-	Year
n signed build be deta	ρ	Part II. Other significant conditions conf	ributing to death but not res	sulting in the u	nderlying c	ause give	n in Part I.			pacco use col		he cause of	
icate has been r, page 2 sho	Completed								24a. Was a autops perform	v	were auto prior to co death? 1 \(\sum \) Yes	opsy findings impletion of a	availa cause (
his certii I directo	To Be	25. Was case referred to medical examiner?  1  Yes 2 No		ER/Outpatier	nt 3 DC	Othe	· c		Check only on e 5 Reside	100	ther (Speci	fy)	
death. tor: After t the funera	Certification;	27. Manner of Death  1 Natural 5 Pending (Month, Day Year)  2 Accident investigation  3 Suicide 6 Could not be									-10		
ours efter eral Dirac iilled in by		4 Homicide determined	28e. Place of Injury - At h building, etc. (Speci	fy) 					8f. Location (St. City or Towr	n, State)			10er,
within 24 hc To the Fun completely	Medical	(Check only one)  2   Medical Examin one)	er: On the best of my kni er: On the basis of examina and manner stated.	ation and/or in	vestigation	in my op	inion, deal	d place, ai	d at the time, da	ate and place	e, and due t ned (Month,	o the cause(	s)
4+144		30. Name and address of person who con	npleted cause of death (Ite	n 23a) (Type,	Dire	405				a -155	-00		
Stat Registra		31. Date filed (Mon <b>S</b> P* Y2") 0 20	32, Registrar's Sign	ature	and Const	5.	CVV	-	フ・707	F			

DHMH 17 Rev 1/2001

			1 - For Stata Registrar	State of Man	yland / De	partment of Certificate of	Health and	Mental Hygi	•	
100 mg	Physici /Medic		1. Decedent's Name (First, Middle, L	ast) Jenkins				2. Date of Death Month	1	3. Time of Death
12	Examir		4a. Facility Name (If not institution, gr 1009 E. Patr:				or Location of Deat		4c. County of (	Death
	Funeral Director		5. Social Security Number 6. 216-14-5149	Sex 7. Age (	n yrs. last birthd 85 Yrs	ay) If Under 1 Yea		8. Date of Birth (Month, Day, May 2,	0	derick Birthplace (State or Foreign Country) Irginia
	he Maryland 18a-f ehow	Director	Usual Residence of Decedent  10a. State  10b. County  Maryland Freder		Oc. City, Town or	Frederic	ek			10d. Inside City Limits  Yes 2 □ No
	3a or 3	Dir	10e. Street and Number 1009 E. Patrick	Street		10f. Zip Code 21701			og. Citizen of Wha United S	,
036	d within 72 hours after death with the Maryland plans. Jens. Than "naturel", or Items 23s or 28s-f ehow the Medical Examinational to collinate in the Medical Examinational to collinate in the collination of the Medical Examination of the	by Funeral	11. Marital Status  1 □ Never Married 2 □ Married  3 ☑ Widowed 4 □ Divorced	12. Was Decedent Eve Armed Forces? 1 ☐ Yes 2 ※ No If Yes, Give Year or Dates:	er in U.S.	3. Was Decedent of If Yes, specify Cu		pecify Yes or No- to Rican, etc.)		American Indian, White, etc. White
21215-0036	within 72 ho ene. then "natur ne Medical I	Completed by	15. Decedent's 8 (Specify only highest g.	ducation rade completed)	16a. De	cedent's Usual Occu ive kind of work done e. DO NOT use retir	upation e during most of wo	rking 1	6b. Kind of Busin	ess/Industry
	ed withi giene. er then	Somp	Elementary/Secondary (0-12)	College (1-4or 5+)		wner / Ope			Upholst	ery
Maryland	ould be filed Mental Hygid arked other atic event, II	To Be (	17. Father's Name (First, Middle, Las Nelson Whitbeck				Josie Ma		,	
	s 1 and 2 should f Health and Mer flem 27 to marke other traumatic		19a. Informant's Name/Relationship Donald Jenkins /			ailing Address <i>(Stree</i> L McKaig S				te, Zip Code)
ore,	Pages 1 ar		20a. Method of Disposition  1 Burial 2 Cremation 3   4 Donation 5 Anther (Spec	☐Removal from State	20b. Place of Discemetery, of	sposition (Name of crematory or other pl	ace)		0c. Location - City	
Baltimore,	permit. Pages Department of Important: If I eny injury or once.		4 Donation 5 Mother (Spec		Resthave	22. Name and Addr	ress of Facility	Stauffer 1	Funeral	
8/00,	cate be executed hysician and /Medical Examiner the burial-transit	dicai Examiner	23a. Part1. Enter the disease, or constant failure. List only Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last		onsequence of):	enter the mode of dy				Approximate Interval Between Onset and Death
O. Box 6	w requires that the death certifica been signed by the attending ph should be detached for use as th	Physician/Med	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 □ Yes 2 No 9 □ Unknown	23c. If yes, outcome of p 1 ☐ Live birth 2 ☐ 4 ☐ Pregnant at tim 9 ☐ Unknown	Fetal death	3□Ectopic pregnand 5□ Other (specify)	су		23d. Date of Month	f delivery Day Year
7	requires that een signed b hould be deta	þ	Part II. Other significant conditions Dehydro	contributing to death but n	ot resulting in the	underlying cause g	iven in Part I.	23e. Did toba	N/A	te to the cause of death?  Probably 4 Unknown
	The lay	Completed	Dyspha Cerebros	gia	Acc	ident	<u> </u>	24a. Was an autopsy perform	prior	e autopsy findings available to completion of cause of h? Yes 212 No
ı vilai	ding Physician: The h. h. Affer this certificate h. funeral director, page	To Be	25. Was case referred to medical examiner? 1 ☐ Yes 2 No	Hospital:	2 ER/Outpat	tient 3 DOA	4	ith <i>(Check only one</i>		Specify)
JIVISION OF	To the Hospital or Attending Physician: To the Foursal Director: After this certification to the Funeral Director: After this certification to the funeral director.		27. Manner of Death  1 Natural 5 Pending 2 Accident Investigation	28a. Date of Injury (Month, Day Ye	28b. Time	of 28c. Inju		28d. Describe how		(postery)
	To the Hospital or Attentwithin 24 hours after deatl To the Funeral Director: completely filled in by the	Certification:	3 ☐ Suicide 6 ☐ Could not I determined	building, etc. (5	Specify)			City or Town,	State)	r Rural Route Number,
	To the Hospital or within 24 hours afte for the Funeral Dir completely filled in I	edical	29a. Certifier (Check only one) Certifying P	hysician: To the best of m miner: On the basis of ex- and manner stated	amination and/or	eath occurred at the t investigation, in my	me, date and place opinion, death occu	, and due to the cau rred at the time, dat	se(s) and manner e and place, and	r as stated. due to the cause(s)
,	within To the Comp	M	29b. Signature and title of certifier  Aller 7	Tohrer 1	UD		se number 3719		d. Date signed (M	
(	1		30. Name and address of person who	completed cause of death	(Item 23a) (Typ	100, Print) 784	Start	Freds	vict- 1	19,2006 UD 21701
	Sta Registr	-	31. Date filed (Month, Day, Year) SEP 2 0		Signature	Sporte	v 17 C.E.	11 cae	100	W 6/10/

			1 - For State Registrar	State of Maryland		artment of H			giene 2	006	3132
	Physici /Medic		Decedent's Name (First, Middle, Last)     DOROTHY RENEE JENKI	INS				2. Date of De Month		Year	3. Time of Death
) 	Examir	er	4a. Facility Name (If not institution, give s 5. Social Security Number 212-84-3601	dical Cente	birthday)	4b. City, Town, or  If Under 1 Year  Months Days	If Under 24	+	Ch	9. Birthplac MARYI	e (State or Foreign
	Director wow	٦٢	Usual Residence of Decedent  10a. State  10b. County	10c. City, T	own or Lo	cation		BOGOSI 17	, 1900		. Inside City Limits 11 Yes 2 □ No
	n with the M 3a or 28e-f	ai Director	MARYLAND CHARLES  10e. Street and Number  10588 BUTLER S ROAI	NEWB	URG	10f. Zip Code 20664			-	of What Country D STATE	1?
920	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: If item 27 is marked other then "natural", or items 23e or 28e-f ehow any injury or other traumatic event, if a Michical Exart withing the Indiffied at ODGE.	by Funeral	11. Marital Status  **The Never Married 2   Married 3   Widowed 4   Divorced	12. Was Decedent Ever in U.S. Armed Forces? 1 Yes 2 DNo If Yes, Give Year or Dates:	l'	Vas Decedent of Hi f Yes, specify Cuba	spanic Origin n, Mexican, I Specify:	n? (Specify Yes or No Puerto Rican, etc.)	В	ace - American lack, White, etc	<b>.</b>
21215-0036	ad within 72 hogiene. er then "natu er then", tre Medicel	Completed	15, Decedent's Educ (Spacify only highest grade Elementary/Secondary (0-12) 10TH GRADE	cation 19 completed) Cotlege (1-4or 5+)	(Give life. L	lent's Usual Occupa kind of work done o DO NOT use retired	furing most o	of working		Business/Indus	NDUSTRY
Maryland	hould be file d Mental Hy narked oth natic event	To Be (	17. Father's Name (First, Middle, Last)  JOSEPH FRANCIS JENN  19a. Informant's Name/Relationship (Tyx)		10h Mailin		DOROTH	s Name (First, Middle, IY YVONNE E  or Rural Route Numbe	BUTLER	CHASE	ada)
e, Mai	1 and 2 st Health and em 27 is r ther traur		,,	AUGHTER 1	0588			NEWBURG,	MARYLA		664
Baltimore,	t. Pages rtment of I rtant: If it		1 X Burial 2 □ Cremation 3 □ R 4 □ Donation 5 □ Other (Specify)	emoval from State HOLY	etery, cren CHOST	CHURCH CEM	TERY SE	PIEMBER 23,2			
Bal	Depar Import eny ir		21. Prince of Funeral Service License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License License	OHINSON MOO583	1H 34		RAL HOY TON ROAL	), INDIAN HEA			
A. C.	Physician /Medical Examiner		23a. Part1. Enter the disease, or complishock, or heart failure. List only on Immediate Cause (Final disease or condition resulting in death)	Due to (or as a consequen	mo	thorax				In O	pproximate iterval Between enset and Death
8760,	The law requires that the death certificate be executed ate has been signed by the attending physicien and cage 2 should be detached for use as the burial-transit.	dical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	Due to (or as a consequent Due to (or as a consequent Due to (or as a consequent Due to (or as a consequent Due to (or as a consequent Due to (or as a consequent Due to (or as a consequent Due to (or as a consequent Due to (or as a consequent Due to (or as a consequent Due to (or as a consequent Due to (or as a consequent Due to (or as a consequent Due to (or as a consequent Due to (or as a consequent Due to (or as a consequent Due to (or as a consequent Due to (or as a consequent Due to (or as a consequent Due to (or as a consequent Due to (or as a consequent Due to (or as a consequent Due to (or as a consequent Due to (or as a consequent Due to (or as a consequent Due to (or as a consequent Due to (or as a consequent Due to (or as a consequent Due to (or as a consequent Due to (or as a consequent Due to (or as a consequent Due to (or as a consequent Due to (or as a consequent Due to (or as a consequent Due to (or as a consequent Due to (or as a consequent Due to (or as a consequent Due to (or as a consequent Due to (or as a consequent Due to (or as a consequent Due to (or as a consequent Due to (or as a consequent Due to (or as a consequent Due to (or as a consequent Due to (or as a consequent Due to (or as a consequent Due to (or as a consequent Due to (or as a consequent Due to (or as a consequent Due to (or as a consequent Due to (or as a consequent Due to (or as a consequent Due to (or as a consequent Due to (or as a consequent Due to (or as a consequent Due to (or as a consequent Due to (or as a consequent Due to (or as a consequent Due to (or as a consequent Due to (or as a consequent Due to (or as a consequent Due to (or as a consequent Due to (or as a consequent Due to (or as a consequent Due to (or as a consequent Due to (or as a consequent Due to (or as a consequent Due to (or as a consequent Due to (or as a consequent Due to (or as a consequent Due to (or as a consequent Due to (or as a consequent Due to (or as a consequent Due to (or as a consequent Due to (or as a consequent Due to (or a) consequ	ory ice of): wll ice of):	ow li	ing	illus pr duseas	eum	NAG	
P.O. Box 6	that the death certificated by the attending posterior of detached for use as	Physician/Me	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 □ Yes 2 □ No 9 □ Unknown	3c. If yes, outcome of pregnancy 1 ☐ Live birth 2 ☐ Fetal de 4 ☐ Pregnant at time of death 9 ☐ Unknown	ath 3	Ectopic pregnancy Other (specify)				Date of delivery Month Da	ay Year
Ś	equires that t en signed by ould be deta	þ	Part II. Other significant conditions con	stributing to death but not resulting	ng in the ur	nderlying cause give	en in Part I.		obacco use co Yes 2 🗆 No		cause of death?
Division of Vital Record	n: The law requicate has been	Completed			-			24a. Was autop perfo 1 🗆 Yes	an 24tosy rmed? 2 No	prior to comp death? 1 \(\sum \text{Yes} \) 2[	y findings available lietion of cause of
₹	Physician: r this certificanal director, i	To Be	25. Was case referred to medical examiner?  1 Yes 2 No	lospital: 1 Lanpatient 2 ER	/Outpatien	t 3 DOA Othe	300	of Death (Check only of sing Home 5 ☐ Resi		ther (Specific)	
ion of	ding h. After fune	ation: T	27. Manner of Death 1 Natural 5 Pending 2 Accident investigation		b. Time of Injury	28c. Injun Won		28d. Describe			
Divis	sital or Attenus after deal	Certification:	3 Suicide 6 Could not be determined	28e. Place of Injury - At home building, etc. (Specify)				City or To	wn, State)	mber or Rural R	
	To the Hospital within 24 hours of To the Funeral completely filled	ledicai	(Check only 2 Medical Examination)	sician: To the best of my knowle ner: On the basis of examination and manner stated.	dge, death and/or inv	estigation, in my op	oinion, death	place, and due to the occurred at the time,	date and place	e, and due to th	ne cause(s)
	To the within 2 To the complete	Σ	29b. Signature and title of certifier			29c. License				ned (Month, Da 16 (O 6	
	BL Sta	ite	30. Name and address of person who co	ampl and cause of death (Item 23	44	Print) 3329	3 019	WAShing	HON R	id Nobi	lori md

Dorothy Jenkins

State of Maryland / Department of Health and Mental Hygiene 2005 Certificate of Death 2. Date of Death 1. Decedent's Name (First, Middle, Last) 3. Time of Death Month Year **Physician** Kenneth Jones, Jr. 7:07 A September 16, 2006 /Medical 4c. County of Death 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death Examiner Deer's Head Hospital Center Salisbury Wicomico If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth Months | Days | Hours | Min. (Month, Day, Year) 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Hours 1**33** M 2 ☐ F May 20, 1967 212-90-5798 Maryland Director Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits **ehow** Pages 1 and 2 should be filed within 72 hours after death with the Marylan ment of Health and Mental Hygiene.
ant: if item 27 ie marked other than "natural", or itams 23a or 28a-f ehov ury or other traumatic event, the Modical Examinar must be notified at 1X Yes 2 □ No MD Wicomico Salisbury Director 10f. Zin Code 10g. Citizen of What Country? 10e. Street and Number 351 Deer's Head Road 21801 U.S.A. Funerai 12. Was Decedent Ever in U.S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Year or Dates: 14. Race - American Indian, 8lack, White, etc. 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11 Marital Status 1 Never Married 2 Married Baltimore, Maryland 21215-0036 1 ☐ Yes 2 ☑ No Specify: white Specify: Completed by 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Machine Operator Lumber Yard 12 18. Mother's Name (First, Middle, Maiden Sumame) 17. Father's Name (First, Middle, Last) Be Kenneth Jones, Sr. Linda Ann Knowles 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Douglas E. Jones (Brother) 38 Millchase Circle Millsboro, DE 19966 important: if item.
eny injury or othe 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 20a. Method of Disposition Date 1 ☐ Burial 2 ☑ Cremation 3 ☐ Removal from State 4 □Donation 5 □ Other (Specify) Crematory of Delmarva 09-18-2006 Delmar, Delaware 21. Signature of Funeral Service Licensee 22. Name and Address of Facility
Short Funeral Home
13 F
Delmar,

23a. Part1. Enter the disease, or convolication, that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. 22. Name and Address of Facility 13 E. Grove Street Delmar, DE 19940 Approximate Interval Setween Immediate Cause (Final disease or condition resulting in death) Onset and Death END STAGE RENAZ DISEASE **Physician** /Medical Due to (or as a consequence of): Examiner FLECTROLYTE Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): Examine ng physicien and as the burial-transit The law requires that the death certificate be executed MARKTES Due to (or as a consequence of): Box 68760. Physician/Medicai IF FEMALE: use 23c. If yes, outcome of pregnancy
1 ☐ Live birth 2 ☐ Fetal death
4 ☐ Pregnant at time of death 23d. Date of delivery 23b. Was decedent pregnant 3 □Ectopic pregnancy ō in the past 12 months? Month Day Year 5 Other (specify) 1 ☐ Yes 2 ☐ No Division of Vital Records, P.O. 9 Unknown Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? Completed by CEREBROYASCULAR LOCIDENTS 1 ☐ Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause of death? certificate has lirector, page 2 s autopsy performed? 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 No or Attending Physicien: 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) ပို 1 Yes 2 No inpatient 2 ER/Outpatient 3 DOA this 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28d. Describe how injury occurred 28c. injury at Work? Certification: 1 Natural 2 Accident 5 Pending investigation м 1 ☐ Yes 2 ☐ No. within 24 hours after death.

To the Funeral Director: A completely filled in by the fu 6 Could not be 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) determined 4 - Homicide To the Hospitel 1 Certifying Physicien: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) OfaceCo COASTAL HOSPICE AT LAKE SALFBURY A 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) ISAACS JAMES W 32. Registrar's Signature 31. Date filed (Month, Day, Year) SEP 1 State Sparte Registrar

edic	an al	1. Decedent's Name (First, Middle Sidney James Ke							2. Date of I Month 09	16		
min		4a. Facility Name (If not institution	n, give street an	nd number)		4b. City, Town,	, or Location	on of Death		40.	. County of D	Death
		Bowie Health Ce		T=		Bowie	. 1614	da Od Usa	1			eorge's
ral tor		5. Social Security Number	6. Sex ★★M 2□		s. last birthday). 63 Yrs.	Months Days		der 24 Hrs. rs Min.	8. Date of I			Birthplace (State Country)
LOI	1	222-26-3394 Usual Residence of Decedent	ŧ.	704	- 00				10/28	42	υ.	C.
1		10a. State 10b. County	'	10c. C	City, Town or Lo	cation						10d. Inside (
	cto		George	's Boy	<b>vi</b> e							1 😱 Ye
	Director	10e. Street and Number				10f. Zip Code	)				izen of Wha	t Country?
	-ra	15723 Presswick		Donadont Frontin	11.5	20716	6 1 Ein	Origin 2 (Co	V	U.S.		Amariana Indias
	Funeral	11. Marital Status  1 □ Never Married 2 ₩ Marr	Armo	Decedent Ever in ed Forces? Yes 2 No	0.5.	Was Decedent of If Yes, specify Cu	iban, Mex	ican, Puerto	Rican, etc.)	NO-		American Indian, Vhite, etc.
	þ	3 ☐ Widowed 4 ☐ Divorced	If Ye	es, Give r or Dates:		1□Yes 238No	o Spec	cify:			Specify:	hite
	ted		nt's Education	ntad)	16a. Deced	dent's Usual Occi	upation	nast of wor	bina	16b. K	ind of Busini	ess/Industry
	ompleted	(Specify only higher Elementary/Secondary (0-12)	7	ege (1-4or 5+)		kind of work don DO NOT use retir						
	Con		2		Patent	t/ Trade					f Emp1	.oyed
	Be	17. Father's Name (First, Middle,	,						e (First, Midd		Sumame)	
	2	Sidney Maurice			1		1		ane Gol			
		19a. Informant's Name/Relations				ng Address (Stree						te, Zip Code)
		Doris Jean Kears 20a. Method of Disposition	ns/ Wit			B Pressw sition (Name of	rick l		Bowie Date			or Town, State
5		1 Burial 2 Cremation		from State	cemetery, cren	natory or other pl		1				
		4 □Donation 5 □ Other (S 21. Signature of Funeral Servi	100000	Ft		oln Crem						
once		21. Signature of Fundia Serve	rice is ee	_		2. Name and Add						
		232 Part soler the reases of	r complications	that caused the de-		Ol Blad					od, MD	20743
•		23a. Part1. Enter the disease, or shock, or heart ailure. List	Complications	mai caused me de				ac cardiac	or recoverator.	arract		Annrovima
			t only one cause	on each line.		0 4		as cardiac	or respiratory	arrest,		Approxima Interval Be Onset and
ail cal	g i	Immediate Cause (Final disease or condition resulting in death)	a	140 card	in 1 11	er the mode of dy		as cardiac	or respiratory	arrest,		Interval Be
an cal ner	6, 1	Immediate Cause (Final disease or condition resulting in death)	a	on each line.  Y O COULD  Jeto (or as a conse	in 1 11	0 4		as cardiac	or respiratory	arrest,		Interval Be
al er	ler	Immediate Cause (Final disease or condition resulting in death)	a	140 card	equence of):	0 4		as cardiac	or respiratory	arrest,		Interval Be
al er	ımlner	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	a N	y o Cardo Jerio (or as a conse Ly per Le	equence of):	rferch	-		or respiratory	arrest,		Interval Be
al er	Examin	Immediate Cause (Final disease or condition	a	y o cardo ueno (or as a conse y per fe ueno (or as a conse ) i u beto ue to (or as a conse	equence of):  Multiple of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the	eferch			or respiratory	arrest,		Interval Be
al er	Ical Examin	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	a	y o cardo y per fe y per fe y bete y bete y per 1 p	equence of):  Multiple of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the	eferch	-		or respiratory	arrest,		Interval Be
al er	Ical Examin	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	a	y o cardi ueto (or as a conse y per te ueto (or as a conse ) in bete ue to (or as a conse y per (1 p	aquence of):  Auguence of):  Auguence of):  Auguence of):	eferch	-		or respiratory	arrest,		Interval Be
al er	Ical Examin	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  IF FEMALE: 23b. Was decedent pregnant	a	y o Cardo y per fe y per fe y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta y beta	equence of):  A S ( A Paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A p	rferch	Type		or respiratory		23d. Date of	Interval Budness and
r	Ical Examin	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1  Yes 2  No	a	y o carding of pregions, outcome of pregions	equence of):  A S ( A Paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A paquence of):  A p	rferch	Type		or respiratory		23d. Date of Month	i 99
al er	Physician/Medical Examin	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1  Yes 2  No	a	y o Cardinate of pregnant at time of Unknown	equence of):  A S ( M equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence of):  A equence	Ferch  Lifus 7  Ectopic pregnan  Other (specify)	Type	I		-	Month	i 99
al	by Physician/Medical Examin	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1  Yes 2  No	a	y o Cardinate of pregnant at time of Unknown	equence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguenc	Ferch  Lifus 7  Ectopic pregnan  Other (specify)	Type	I	23e. Di	d tobacco	Month use contribut	Interval Be Onset and I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of the I go of
al er	by Physician/Medical Examin	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1  Yes 2  No	a	y o Cardinate of pregnant at time of Unknown	equence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguenc	Ferch  Lifus 7  Ectopic pregnan  Other (specify)	Type	I	23e. Di	diobacco	Month use contribut	i 99 i delivery Day
al er	by Physician/Medical Examin	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1  Yes 2  No	a	y o Cardinate of pregnant at time of Unknown	equence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguenc	Ferch  Lifus 7  Ectopic pregnan  Other (specify)	Type	I	23e. Di 1[ 24a. W	d tobacco (	Month use contribut  No 3	Interval Be Onset and I get a delivery Day  I delivery Day  The to the cause of Probably 4   e autopsy linding: To completion of
al er	Completed by Physician/Medical Examin	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 □ Yes 2 □ No 9 □ Unknown  Part II. Other significant conditions	a	y o Cardinate of pregnant at time of Unknown	equence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguenc	Ferch  Lifus 7  Ectopic pregnan  Other (specify)	ype ncy	art I.	23e. Di 1[ 24a. W au pee 1 \( \text{ Yes}	d lobacco	Month use contribut No 35  24b. Werr prior deat	Interval Be Onset and I go of the Cause of Probably 4 eautopsy linding: to completion of h?
al	Be Completed by Physician/Medical Examin	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1	a	y o Cardinate of pregundant time of Unknown	equence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguence of):  Auguenc	Ferch  Lifes 7  Dectopic pregnan Other (specify)	Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type  Type	art I.	23e. Di 1[ 24a. W au 1   Yes	d tobacco of yes 2 as an topsy of the formed?	Month use contribut  No 3 24b. Werr prior deat 1	Interval Be Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onse
al	To Be Completed by Physician/Medical Examin	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Undertying Cause (Disease or injury that initiated events resulting in death) Last  IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 □ Yes 2 □ No 9 □ Unknown  Part II. Other significant conditions.	a. Dub. b. Dub. c. Dub. d. 23c. If ye all yellow to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the sound to the s	y Cardinary Consequence (or as a consequence of as a consequence of pregnant at time of Unknown ground and the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of t	equence of):  A S C M  equence of):  A S C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equence of):  A C M  equen	Ferch  Lety /  Dectopic pregnan Other (specify)  Inderlying cause g	acy 26. Pl	art I.	23e. Di 1[ 24a. W au 1   Yes	d tobacco (  Yes 2  as an topsy rformed?  No y one)	Month use contribut No 35 24b. Werr prior deat 1 1	Interval Be Onset and I get a delivery Day te to the cause of Probably 4 e autopsy linding: to completion of h?
al	To Be Completed by Physician/Medical Examin	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1	a. Dub. b. Dub. c. Dub. d. 23c. If year 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	y p Cordinate of pregulation of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better of the better o	equence of):  A S ( Mequence of):  A sequence ch  Los 7  Chos of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of	26. Pl Dther: 4 [] Jury at ork?	art I.	23e. Di 1[ 24a. W au pe 1 \( \subseteq \text{Yes}	d tobacco (  Yes 2  as an topsy rformed?  No y one)	Month use contribut No 35 24b. Werr prior deat 1 1	Interval Be Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onse	
aler	To Be Completed by Physician/Medical Examin	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1	a. Dub. b. Dub. c. Dub. d. 23c. If ye 10 10 10 10 10 10 10 10 10 10 10 10 10	y Cardinary (or as a consequence of or as a consequence of or as a consequence of or as a consequence of or as a consequence of or as a consequence of or as a consequence of or as a consequence of or as a consequence of or as a consequence of or as a consequence of or as a consequence of or as a consequence of or as a consequence of or as a consequence of or as a consequence of or as a consequence of or as a consequence of or as a consequence of or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a conseque	equence of):  A S ( A Sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A s	Perch  Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character	26. Pl	art I.	23e. Di 1[ 24a. W au pe 1 Yes th (Check onlo	d tobacco (  Yes 2  as an topsy rformed?  Yone)  asidence e how inju	Month  use contribut  No 3  24b. Werr prior deat 1   1   1    6   Other (3)  ry occurred	Interval Be Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onse
aler	ertification; To Be Completed by Physician/Medical Examin	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1	a. Dub. b. Dub. c. Dub. d. 23c. If ye 10 10 10 10 10 10 10 10 10 10 10 10 10	Jero (or as a consequent of or as a consequent of as a consequent of as a consequent of as a consequent of as a consequent of as a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent of a consequent	equence of):  A S ( A Sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A sequence of):  A s	Perch  Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character	26. Pl	art I.	23e. Di 1[ 24a. W au pe 1 Yes th (Check onlo	d tobacco of y one)  as an topsy formed?  y one) ssidence e how inju	Month  use contribut  No 3  24b. Werr prior deat 1   1   1    6   Other (3)  ry occurred	Interval Be Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onse
al er	Certification; To Be Completed by Physician/Medical Examin	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1	a. Dub. Dub. Dub. Dub. Dub. Dub. Dub. Dub	Jerto (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent (or as a consequent	paquence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A	DEctopic pregnand Other (specify)  onderlying cause good at 3 DOA 1 28c. In What 1 I reet, factory, office the occurred at the	26. Pl  ther: 4  ury at ork?  Yes 2	art I.	23e. Di 1[ 24a. W au au 1 Yes th (Check onl ome 5 TRe 28d. Describ 28l. Location City or 1	d tobacco of yes 2 as an topsy one) ssidence e how injuit (Street ar own, State) the cause(s	Month use contribut  No 3  24b. Werr prior deat 1    6 **Cother (3)  ord Number of a)  and Number of a)	Interval Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner Burner
	Certification; To Be Completed by Physician/Medical Examin	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1	a. Dub. b. Dub. c. Dub. d. 23c. If ye 10   10   10   10   10   10   10   10	y p Cordinate of pregulation of the pregnant at time of Unknown    Impatient   2   5     Impatient   2     Date of Injury (Month, Day Year)    Place of Injury - At building, etc. (Special present the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregna	paquence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A	DEctopic pregnand Other (specify)  onderlying cause good at 3 DOA 1 28c. In What 1 I reet, factory, office the occurred at the	26. Pl  ther: 4  ury at ork?  Yes 2	art I.	23e. Di 1[ 24a. W au au 1 Yes th (Check onl ome 5 TRe 28d. Describ 28l. Location City or 1	d tobacco of Yes 2  as an topsy formed?  sidence e how injured form. State of the cause (see, date and	Month  use contribut  No 3  24b. Werr prior deat 1   1   1    6 **Cother (3)  nd Number of a)  and manne d place, and	Interval Be Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onse
al er	ertification; To Be Completed by Physician/Medical Examin	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Undertying Cause (Disease or injury that initiated events resulting in death) Last  IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1	a. Dub. b. Dub. c. Dub. d. 23c. If ye 10   10   10   10   10   10   10   10	y p Council of the best of my kr the basis of examinations of the best of my kr the basis of examinations of the best of my kr the basis of examinations of the best of my kr the basis of examinations of the best of my kr the basis of examinations of the best of my kr the basis of examinations of the best of my kr the basis of examinations of the best of my kr the basis of examinations of the best of my kr the basis of examinations of the best of my kr the basis of examinations of the best of my kr the basis of examinations of the best of my kr the basis of examinations of the best of my kr the basis of examinations of the best of my kr the basis of examinations of the best of my kr the basis of examinations of the best of my kr the basis of examinations of the best of my kr the basis of examinations of the best of my kr the basis of examinations of the best of the best of my kr the basis of examinations of the best of my kr the basis of examinations of the best of my kr the basis of examinations of the best of my kr the basis of examinations of the best of my kr the basis of examinations of the best of my kr the basis of examinations of the basis of examinations of the basis of examinations of the basis of examinations of the basis of examinations of the basis of examinations of the basis of the basis of examinations of the basis of examinations of the basis of the basis of examinations of the basis of examinations of the basis of the basis of examinations of the basis of the basis of the basis of examinations of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of	paquence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A	DEctopic pregnan Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specif	26. Pl Other: 4     ury at ork?     Yes 2	art I.  lace of Dea Nursing H	23e. Di  1[  24a. W au pe 1	d tobacco of yes 2  as an topsy reformed?  Significant arrown, State  The cause(s, e, date and 29d. Da	Month  use contribut  No 3  24b. Werr prior deat 1   1   1    6 **Cother (3)  ry occurred  and Number of a)  and manne d place, and te signed (M	Interval Boonset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset
aler	Certification; To Be Completed by Physician/Medical Examin	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1	a. Dub. b. Dub. c. Dub. d. 23c. If ye 10   10   10   10   10   10   10   10	y p Council of the best of my kr the basis of examinations of the best of my kr the basis of examinations of the best of my kr the basis of examinations of the best of my kr the basis of examinations of the best of my kr the basis of examinations of the best of my kr the basis of examinations of the best of my kr the basis of examinations of the best of my kr the basis of examinations of the best of my kr the basis of examinations of the best of my kr the basis of examinations of the best of my kr the basis of examinations of the best of my kr the basis of examinations of the best of my kr the basis of examinations of the best of my kr the basis of examinations of the best of my kr the basis of examinations of the best of my kr the basis of examinations of the best of my kr the basis of examinations of the best of my kr the basis of examinations of the best of the best of my kr the basis of examinations of the best of my kr the basis of examinations of the best of my kr the basis of examinations of the best of my kr the basis of examinations of the best of my kr the basis of examinations of the best of my kr the basis of examinations of the basis of examinations of the basis of examinations of the basis of examinations of the basis of examinations of the basis of examinations of the basis of the basis of examinations of the basis of examinations of the basis of the basis of examinations of the basis of examinations of the basis of the basis of examinations of the basis of the basis of the basis of examinations of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of	paquence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A Squence of):  A S C A	DEctopic pregnan Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specif	26. Pl Other: 4     ury at ork?     Yes 2	art I.	23e. Di  1[  24a. W au pe 1	d tobacco of yes 2  as an topsy reformed?  Significant arrown, State  The cause(s, e, date and 29d. Da	Month  use contribut  No 3  24b. Werr prior deat 1   1   1    6 **Cother (3)  ry occurred  and Number of a)  and manne d place, and te signed (M	Interval Be Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onse

DHMH 17 Rev 1/2001

State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Day **Physician** Month KING SEPTEMBER 14 PATRICIA 2006 7:07A /Medical 4c. County of Death 4a. Facifity Name (If not institution, give street and number) 4b. City, Town, or Location of Death Examiner 6409 GATEWAY BLVD PRINCE GEORGE'S DISTRICT HEIGHTS If Under 1 Year If Under 24 Hrs. Months Days Hours Min. Social Security Number 7. Age (In yrs. last birthday) 8. Date of Birth 9. Birthplace (State or Foreign **Funeral** Months AUGUST^{ay}, 1 eat 957 578-80-5219 WASHINGTON, DC 49 Yrs. Director Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f ehow the Medical Exeminer must be notified at 1 TYes 2 No PRINCE GEORGE'S Director DISTRICT HEIGHTS 10e Street and Number 10f. Zip Code 10g. Citizen of What Country? ö U.S.A. 20747 6409 GATEWAY BLVD 238 Funeral 12. Was Decedent Ever in U.S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status 14. Race · American Indian. Bfack, White, etc. hours after 1 ☐ Yes 2 1 No ff Yes, Give Year or Dates: 1 Never Married 2 Marned Maryland 21215-0036 5 BLACK 1 Yes 2 No Specify: ģ 3 Widowed 4 Divorced natural Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry within 72 al Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) PRIVATE CUSTOMER SERVICE 3 yrs 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be 12 should be f h and Mental H marked ALICE E. STEWARD GIDEON COOPER 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2805 TODKILL TRACE EDGEWOOD, MARYLAND 21040 Pages 1 and 2 sh ment of Health and ant: If item 27 le n ADRIUS R. KING/SON Baltimore, 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 □ Cremation 3 □ Removal from State ö permit. Page Department Important: If eny injury or once. 9/19/2006 LANDOVER, MARYLAND 4 ☐ Donation 5 ☐ Other (Specify) HARMONY CEMETERY 21. Signature of Funeral Service Licensee J. B. JENKINS FUNERAL HOME 22. Name and Address of Facility ox 7474 LANDOVER ROAD LANDOVER, MARYLAND 20785 23a. Part1. Enter the disease or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate Interval Between Onset and Death shock, or heart failure. List only one cause on each line. Immediate Cause (Final disease or condition resulting in death) **Physician** MYOCARDIAL INFARCTION /Medical Due to (or as a consequence of) Examiner if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last CORONARY ARTERY DISEASE Due to (or as a consequence of): Examine death certificate be executed ed by the attending physicien and detached for use as the burial-transit HYPERTENSION Box 68760. Physician/Medical DYSLIPIDEMIA IF FEMALE: 23c. If yes, outcome of pregnancy 1 ☐ Live birth 2 ☐ Fetaf death 23b. Was decedent pregnant 23d. Date of delivery for 3 Ectopic pregnancy in the past 12 months? 1 ☐ Yes 2 ☐ No Month Day Year 4 Pregnant at time of death 5 ☐ Other (specify) P.0. 9 Unknown been signed t should be deta Part fl. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? Records, ۵ 1 Yes 2 No 3 Probably 4 Dunknown Completed 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an has autopsy performed? Yes 24 No 2K) No 1 ☐ Yes 1 Yes Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certific completely filled in by the funeral director. Be 25. Was case referred to medical 26. Place of Death | Check only one Hospital: Other: 4 ☐ Nursing Home 5 ₺ Residence 6 ☐ Other (Specify) 1 XYes 2 □ No 1 Inpatient 2 ER/Outpatient 3 DOA Certification: To 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28d. Describe how injury occurred 28c. Injury at Work? 1 Natural 5 Pending investigation Injury 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 🗌 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 - Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) SEPTEMBER 18, 2006 D0046671 10 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 6400 MARLBORO PIKE DISTRICT HEIGHTS, MARYLAND 20747 PIOTR GROJEC M.D. 31. Date filed (Month, Day, Year) 32. Registrar's Signatur State

DHMH 17 Rev 1/2001

Registrar

2 0 2006

			For State Registrar	State of N	Maryland		artment of F		nd Mei			006	31329
	Discrete:		1. Decedent's Name (First, Middle, L							Date of Deat		Year	3. Time of Death
	Physici /Medio		Owen Samuel He	nteleff K	och	,			S	Month eptembe	er 10,	2006	12:30P M
	Examir		4a. Facility Name (If not institution, g Holy Cross Hospi		r)		4b. City, Town, o Silver	Spring	3			nty of Death Ltgomer	у
	Funeral Director		None	Sex 7.7 1X M 2□F	Age (In yrs. la	ast birthday) Yrs.	If Under 1 Year Months Days 2		4 Hrs. 8. Min. 9	Date of Birth (Month, Day, -7-06	Year)	9. Birthp Coun MD	lace (State or Foreign try)
	pu 🔉 :		Usual Residence of Decedent  10a. State 10b. County		10c City	, Town or Lo	cation					11	0d. Inside City Limits
	anyla	5	MD Montgom	arw		ver Sp							1X Yes 2 No
	the A	ect	10e. Street and Number	E1 y	011		10f. Zip Code			1	0a. Citizen o	of What Coun	trv?
	3a or			venue			20910				S.A.		
Maryland 21215-0036	be filed within 72 hours after death with the Maryland ital Hygiene. id other than "natural", or Items 23a or 28a-f show other than "natural", or Items 23a or 28a-f show event, I'm Nezigal Exam we trinist be incitied at	by Funeral Director	11. Marital Status  1 № Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	12. Was Deceder Armed Force: 1  Yes 28 If Yes, Give Year or Dates	s? ] No		Was Decedent of H f Yes, specify Cuba 1 ☐ Yes 2 No	lispanic Origi an, Mexican, Specify:	n? (Specifi Puerto Ric	y Yes or No- an, etc.)	В	ace - Americ lack, White, c city: Whit	etc.
ŏ	2 hou	ted	15. Decedent's	Education		16a. Dece	dent's Usual Occup	ation	-6dei		16b. Kind of	Business/Ind	dustry
215	thin 7	Completed	(Specify only highest g Elementary/Secondary (0-12)	College (1-4o	r 5+)	life.	kind of work done DO NOT use retired	during most ( d)	or working				
21	e filed within al Hygiene. I other than ' vent, the Me	Col	0			none					Non		
pu	be file tal Hy d oth	Be	17. Father's Name (First, Middle, Las	st)						irst, Middle, M ntelef		ame)	
yla	2 should be f   and Mental     is marked o   raumatic eve	ဥ	Jonah Koch										
Jar	s 1 and 2 should if Health and Mer item 27 is marke other traumatic		19a. Informant's Name/Relationship	, , ,			ng Address <i>(Str</i> eet Milford A						Code)
ത്	Health Health tem 27 i		Jonah Koch- Fatl	ner	20b Pt		sition (Name of	100. 5.	Date			n - City or To	wn State
Baltimore,	permit. Pages: Department of I Important: If ite any injury or ot		1 ☐ Burial 2 🖾 Cremation 3		Nat	metery, crer Lonal	natory or other place Cremator	^(θ) 9.	-15 <b>-</b> 0			Churc	
<u>ا</u>	artmentant artant artant injury		<ul> <li>4 □ Donation 5 □ Other (Spec</li> <li>21. Signature of Funeral Service Lic</li> </ul>				. Name and Addre		Edwar	d Sage	1 Fun	eral D	irection
<b>a</b>	Pen de de de de de de de de de de de de de		15 mald C	Distile	nucl		091 Rock			_			
	Fnysician		23a. Part1. Enter the disease, or co shock, or heart failure. List on Immediate Cause (Final disease or condition resulting in death)	а. Нуроз	cic Is	chemic	er the mode of dyir Encepha			espiratory arre	est,		Approximate Interval Between Onset and Death 2days
	/Medical Examiner		1		as a consequ		in a d a m						2 days
		<u>~</u>	Sequentially list conditions,	0.	Fetal '		usion						2days
	uted 1 Insit	Examine	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events										
ć	e be executed /sician and e burial-transit	Exa	resulting in death) Last	C. Due to (or a	as a consequ	ence of):							
8760,	cate be physicia the bur			d								100	
99	ntifica ng ph as th	Med	IF FEMALE:										
О. Вох	The law requires that the death certificate be executed te has been signed by the attending physician and bage 2 should be detached for use as the burial-transit	Physiclan/Medical	23b. Was decedent pregnant in the past 12 months?  1 □ Yes 2 □ No 9 □ Unknown	23c. If yes, outcon 1□Live birth 4□Pregnant 9□Unknown	2 Fetal at time of de	death 3	Ectopic pregnancy Other (specify)	/			1	Date of delive Month	ry Day Year
Records, P.	uires that signed by Id be deta	Ď	Part II. Other significant conditions	contributing to death	but not resu	lting in the u	nderlying cause giv	en in Part I.			acco use co		e cause of death? ably 4 Unknown
ço	w require been signature	Completed								24a. Was a	n 241	b. Were autor	osy findings available
Re	The lavate has	Ę.							_	autops perform	ned?	death?	npletion of cause of
		ပိ	25. Was case referred to medical	T				26 Place o	of Death (C	1 Yes 2		1 🗆 Yes	2.6.1 NO
>	Physician: this certific ral director,	0 0	examiner? 1 ☐ Yes 2 🖾 No	Hospital:	itient 2 🗆 8	ER/Outpatier	it 3□ DOA Oth	or		5 🗌 Reside		Other (Specify	•)
	ding F. After fune	ıtion; T	27. Manner of Death  1 Avatural  2 Accident  5 Pending investigation		njury Day Year)	28b. Time of Injury	28c. Injur Wor	y at	280	I. Describe ho			,
Division	al or Attendi after death. I Director: A d in by the fu	Certification:	3 Suicide 6 Could not determine	286. Place of	Injury - At hore etc. (Specify	me, farm, str	eet, factory, office		28f	Location (St. City or Town		mber or Rura	Route Number,
	To the Hospital or At within 24 hours after d To the Funeral Direct completely filled in by	edical C	29a. Certifier 1 Certifying (Check only one) 1 Medicel Ex	Physicien: To the be eminer: On the basis and manner	of examinati	vledge, deatl ion and/or in	n occurred at the tirvestigation, in my o	ne, date and pinion, death	place, and occurred	I due to the ca at the time, da	ause(s) and ate and plac	manner as st e, and due to	ated. the cause(s)
	To th withir To th	Me	29b. Signature and title of certifier				29c. Licens			2	9d. Date sig	ned (Month, I	Day, Year)
)			1 (10	NO 1	1	2	D0055	515			D9/19	0/20	06
			30. Name and address of person wh Andrea Lotze 150	o completed cause o	f death (Item	23a) (Type,	Print)	ng. MT	209	06		1	<u></u>
			31. Date filed (Month, Day, Year)										
	Sta Regist		SEP 19	5008 35 Jedi	strar's Signat	K A	ravers						

State of Maryland / Department of Health and Mental Hygiene 2006 1 - For State Registrar 31330 Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death September 10,2006 **Physician** Julia Bernadine Kiedaisch 1:30 p M /Medical 4a. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner Hollywood St. MAry 25830 Whiskey Creek Road If Under 1 Year If Under 24 Hrs. Months Days Hours Min. 5. Social Security Number 6. Sex 7. Age (In vrs. last birthday) 8. Date of Birth (Month, Day, Year)
Jan. 1, 1920 Birthplace (State or Foreign Country) **Funeral** 1 □ M 2 □X Ohio Director 219-36-9011 86 Usual Residence of Decedent with the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits in then "naturel", or itema 23e or 28e-f ehov the Medical Examiner must be notified at 1 ☐ Yes 2 ☐XNo Director MAryland St. MAry Hollywood 10e, Street and Number 10f. Zip Code 10g. Citizen of What Country? 25830 Whiskey Creek Road 20636 U.S.A. death Funeral 12. Was Decedent Ever in U.S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 Yes 2 No If Yes, Give Year or Dates: 1 Never Married 2 Married Baltimore, Maryland 21215-0036 1 ☐ Yes 2 ▼No Specify: Specify: White ģ 3 Widowed 4 □ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Colfege (1-4or 5+) Homemaker Her Home 12 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Pages 1 and 2 should be file tment of Health and Mental H tant: If Item 27 Is marked ott jury or othar traumatic even Be 2 John Huston Priscilla Melzana Sims 19a, Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 25830 Whiskey Creek Rd., Hollywood, Md. 20636 Jane E. Kiedaisch Daughter 20b. Place of Disposition (Name of cemetery, crematory or other place ept. 14, 2006 20a. Method of Disposition 20c. Location - City or Town, State 1 XBurial 2 ☐ Cremation 3 ☐ Removal from State Trinity Memorial Gardens Waldorf, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 22. Name and Address of Facility 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fairup. List only one cause on each line.

Immediate Cause (Final disease or condition resulting in death)

The condition resulting in death) Williams Funeral Home, P.A. 20640 Approximate Interval Between Onset and Death **Physician** minutes /Medical Due to (or as a consequence of) Examiner amemia Sequentially fist conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): lure to thrive death certificate be executed attending physician and for use as the burial-transit Exami Due to (or as a consequence of): Box 68760 Physician/Medical IF FEMALE 23c. If yes, outcome of pregnancy 1 ☐ Live birth 2 ☐ Fetal death 23b. Was decedent pregnant 23d. Date of delivery 3 Ectopic pregnancy in the past 12 months? Month 4 Pregnant at time of death 5 Other (specify) ed by the a detached f Division of Vital Records, P.O. cate has been signed page 2 should be det Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? þ 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Unknown Completed 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed certificate 2 🗆 No 1 Yes 2 No 1 Tyes or Attending Physician: Be 25. Was case referred to medical 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Aesidence 6 Other (Specify) 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA Certification: To After thi 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 Natural 5 Pending death. 1 ☐ Yes 2 ☐ No investigation M 2 Accident the within 24 hours after deal To the Funeral Director: 6 Could not be determined 3 ☐ Suicide 28e. Place of fnjury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier (Check only one) 29c. License number 29b. Signature and title of certifier 20650 s of person who completed cause of death (Item 23a) (Type, Print) - Brown 26840 Point Lockort Rd #664 MO 31. Date filed (Month, Day, Year) 32. Segistrar's Signature State SEP 2 9 2006 Registrar

DHMH 17 Rev 1/2001

Registrar

06-06940 Erik Victor Klug

Please Type or Print in Black Indelible Ink State of Maryland / Department of Health and Mental Hygiene

2006 31332

		1- For State Registrar		Cei	rtificate	e of L	Death					Reg No.	-	00	0 51	
Physicia dical Exami	an/	1. Decedent's Name (First, Middle Erik Victor									Date of De Month Septemb	eath Dav	Year 2006		3 Time of Death 1610 hrs	
		4a Facility Name (if not institution 173 Goosemar Road	n, give street and nui	mber)			. City, Tow North E		ocation of	f Death			County o	f Death		
Funeral Director		5. Social Security Number		7. Age (In yrs I		y)	If Under 1	Year Days	If Under	24Hrs.	8. Date of E	,	· ·	Foreign		_
Director	ŀ	217-25-1713 Usual Residence of Decedent	1 X M 2 F	1	.7	Yrs.					Aug.	24,	1989	Cou	intry)Mary1ar	nd ——
w any		10a. State 10b, County			Town or L					_					10d. Inside City Lin 1 Yes 2 X	
rryland 8a-f sho	Director	Maryland Ced  10e. Street and Number	:11	K1	sing		l 10f. Zip Co	de			ſ	10g Citiz	zen of Wh	at Coun		NO
th the Maryland 23a or 28a-f show notified at once.		352 Goosemar H	Road				219	11					ed St			
215-0036  be filed within 72 hours after death with the Maryland ntal Hygiene rked other than "natural", or items 23a or 28a-f sherit, the Medical Examiner must be notified at once	Funeral	11. Marital Status	12. Was Dec		.S. 13						cify Yes or Nican, etc.)	10-	14. Race White		can Indian, Black,	
after de 'al'', or	by Fu	3 Widowed 4 Div	orced If Yes, Give Year or Dates:	2 X No			es 2 <b>X</b>	_	_				Specify:	Whi		
2 hours after "natural", o	sted	15. Decedent's Education (Spe Elementary/Secondary (0-12)	cify only highest grad College (1				Usual Oc t of workin					16b. K	and of Bus	iness/Ir	idustry	
5-0036 led within 72 Hygiene other than '	Completed	11				Stud	lent									
21215-0 ould be filed w I Mental Hygis s marked othe	Be Co	17. Father's Name (First, Middle Eugene Victor						18			First, Middle ean Tu		·			
2121; hould be fill and Mental It is marked attic event,	10	19a Informant's Name/Relations			19b. M	lailing A	ddress (	Street a			ral Route N			, State,	Zıp Code)	
e, MD 21; I and 2 should the Health and Men Fitem 27 is mar		Bobbi Bowman /	Mother		Place of Di	spositio					sing S Date	20c. L			21911 Town, State	_
를 등등 등 함		1 X Burial 2 Cremation 4 Donation 5 Other S		Jili Otato	crematory 1v Hi			Gar	den		tember 2006		timor	re.	Maryland	
Baltimo permit Page Department of Important: injury or oth		21. Signature of Juneral Service	Lucensec			22. Nar	me and Ad	dress o	f Facility	Crou	ıch Fu	nera	1 Hon	ne		_
Physician		23a Part I Enter the disease, or failure. List only one cause		aused the death	. Do not er										1and 2190 Approximate Inter Between Onset a	rval
/Medical "xaminer		Immediate Cause (Final disease or condition resulting in death)	a Multiple Inju												Death	iriu
~		Sequentially list conditions,	Due to (or as a	consequence o	ıτ).											
	Examiner	if any, leading to immediate cause. Enter Underlying Cause (Disease or injury trat initiated	Due to (or as a c.	consequence o	of):											
uted nd ransit		events resulting in death) Last	Due to (or as a	consequence o	of).											
'18760, '11 Trate be executed ing physician and as the burial - transit	Physician/Medical	UNPENDED	AMENDED													
as as	an/Me	IF FEMALE: 23b. Was decedent pregnant in the past 12 months?	ne 1 Live b		2	Fetal	death	3	Ectopic	pregnan	Су		Date of o		ay <b>Y</b> ear	
Box 6: e death cert the attendii	ysici	1 Yes 2 No 9 Un	4 Pregna	ant at time of de own	eath 5	Othe	r (Specify	)				-				I
s, P.O. Barries that the de signed by the declached f	by Ph	Part II. Other significant condit	ions contributing to	death but not r	esulting in	the unc	derlying ca	use giv	en in Par	t I.					he cause of death?	
ords, P. w requires the sheen signe should be d		-								_	24a Wa				ably 4 Unknow opsy findings availa	
Records, The law require ficate has been si	Completed	II										opsy formed? 2 <b>N</b> o	de	rior to co eath? Yes	ompletion of cause of s	
tal Recision: The		25. Was case referred to medica					26	Place o	f Death (	Check on	-					$\dashv$
of Vital  rg Physician:  After this certi	o Be	examiner? 1 ✓ Yes 2 No	Hospital: 1	npatient 2	ER/Outpa	atient 3	3 DOA	, 0	ther ₄	Nursing	Home 5	Resider	nce 6 🗸	Other	Scene	
Division of Vital Records, P.O. Box 6 To the Hospital or Attending Physician: The law requires that the death constituin 24 hours after death. To the Finneral Director: After this certificate has heen signed by the attendicompletely filled in by the funeral director, page 2 should be detached for use	ion: T	27. Manner of Death  1 Natural 5 Pend	28a Date Sep 14,	of Injury Day Year) 2006	28b. Time 1555 hr	-	1		at Work? s 2 ✔	l n	8d Describe			ed		
Division tal or Attendir rs after death al Director:	ertification:	2 🗸 Accident Inve	stigation	e of Injury - At h	ome, farm,	street,							nd Numbe	r or Rur	al Route Number, C	City
Diviospital or hours afte meral Dir	O	4 Homicide		Local Stree							or Town, 73 Goose	emar Ro				
To the II. within 24 To the Fi	Medical	(Check only	hysician: To the bes miner:On the basis of and manner si	of examination a												
F % F 8	Me	29b. Signature and title of certific	er 1					icense	number		_		_		th, Day, Year)	
		30. Name and address of person	who completed caus	se of death (Item	n 23a)		1	,. O.IVI				Geh	tember —	10, 20		
2		Laron Locke MD. A	ssistant Medica	I Examiner	111 P	enn S	Street, E	altimo	ore, Mi	2120	1					
St Regist	tate trar	31. Date filed (Month, Day, Yar)	0 2006 32.	gistrar's Signati	15	903	الناكا									

Please Type or Print in Black Indelible Ink. Ensure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 200631333 1 - For State Registrar Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** Month Year 930 AM Kemo september 26 2006 /Medical 4a. Facility Name (If not institution, give street and number)
Pleasant View Nursing
4101 old National Pike 4b. City, Town, or Location of Death 4c. County of Death Examiner Mount Air CARROLL If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month Day, Year) Oct 24, 1940 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday, Birthplace (State or Foreign Country) **Funeral** Days 1,□M 2□F Director 218-38-0561 Usual Residence of Decedent should be filed within 72 hours after death with the Maryland 10b County 10a State 10c. City, Town or Location 10d. Inside City Limits "natural", or Items 23c or 28e-f show adical Examiner must be notified at MD Carroll Mount Airy 1√ Yes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 4101 Old National Pike 21771 USA Funeral 12. Was Decedent Ever in U.S. Armed Forces? 1. ☐ Yes 2 ☐ No If Yes, Give Year or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 Never Married Married Baltimore, Maryland 21215-0036 1 ☐ Yes 2 No Specify: white þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) CSX Railroad carman 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Arvada Flickinger Kemp ira Kemp 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)

137 Holly Circle Baltimore MD 21215 19a. Informant's Name/Relationship (Type, Print) 137 Holly Circle Carol Dominick sister 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 1 ■ Burial 2 Cremation 3 Removal from State 9/29/2006 Restlawn Memorial Gardens LaVale MD any injury once. * 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility Scarpelli Funeral Home, PA 21. Signature of Funeral Service License 108 Virginia Avenue: Cumberland, MD 21502 ref t1 Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, or or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Imm diate Cause (Final Physician CARCINOMA winary Montas disease or condition resulting in death) /Medical Due to (or as a consequence of). Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): Examiner To the Hospitel or Attending Physicien: The law requires that the death certificate be executed Due to (or as a consequence of): attending physician a for use as the burial-Division of Vital Records, P.O. Box 68760, Physician/Medical IF FEMALE 23c. If yes, outcome of pregnancy 1 ☐ Live birth 2 ☐ Fetal death 23d. Date of delivery 23b. Was decedent pregnant 3 Ectopic pregnancy in the past 12 months? 1 ☐ Yes 2 ☐ No Month Day Year 4☐Pregnant at time of death 5 Other (specify) the Š Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? þ 3 Probably 4 □Unknown 1 ☐ Yes 2 ☐ No certificate has been si rector, page 2 should Completed Schizophrenia 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed2 2 No 1 Yes 2 No 1 Yes Be 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 2 No 2 1 🗌 Yes 4 ✓ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) this 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? Mannas of Death 28b. Time of Certification: 28d. Describe how injury occurred Natural 5 Pending 1 Yes 2 No investigation 2 Accident Director; 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

| Certifying Physician: To the best of my knowledge, death occurred at the time, date and due to the cause(s) and manner stated.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical (Check only one) 29b. Signature and title of certifie 29c. License number 29d. Date signed (Month, Day, Year) ٥ September 26, 2006 30469

Registrar

31. Date filed (Month, Day, Year)

NB VELLANICI

OCT 0 3 2006

30. Name and address of person who completed cause of death (Item 23a) (Type, Print) N 3 VELLANIX 8850, Columbia 100

8850.

32. Registrar's Signature

DHMH 17 Rev 1/2001

ype, Print) Parkhay

805#

Columbia - MD. 21645

		•	1 - State Registrar	State of	Maryland / [	Depa <i>Cer</i>	rtment of H tificate of I	ealth and l Death	Mental Hy	giene Reg. No.	2006	3   3   3   4
			1. Decedent's Name (First, Middle, Las	st)					2. Date of De Month	ath Day	Year	3. Time of Death
	Physicia /Medic		Mary Helen Var	der Lin	den					mber	16, 20	
	Examin		4a. Facility Name (If not institution, give	street and num	ber)		4b. City, Town, or	Location of Deat	h	4c.	County of Dea	th
			11711 Ashley Dri 5. Social Security Number 6. S		7. Age (In yrs. last bir	thday)	Rock If Under 1 Year	ville If Under 24 Hrs	8. Date of Bir		ntgome	ry thplace (State or Foreign
	Funeral Director			□M 2 □XF		Yrs.	Months Days	Hours Min.	(Month, Da	ay, Year)	C	ountry) OWa
			Usual Residence of Decedent							,		,
	show	۰	10a. State 10b. County		10c. City, Tow	n or Loc	cation					10d. Inside City Limits 1 ☐ Yes 2531No
	he Mi	Director	Maryland Montgom	nery	I	Rock	ville 10f. Zip Code			10a Citi	zen of What C	
	with t	ā	11711 Ashley Dr	ive				0852		rog. Oiti	USA	outiny:
	death ms 23	Funeral	11. Marital Status	12. Was Dece	dent Ever in U.S.	13. V	Vas Decedent of H Yes, specify Cuba		Specify Yes or No	D+	14. Race - Am	
215-0036	s 1 and 2 should be filed within 72 hours after death with the Maryland I Health and Mental Hygiene. Item 27 is marked other than "natural", or Items 23a or 28a-f show other traumatic event, the Medical Examinar must be medified at	ĝ	1 ☐ Never Married 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorced	Amed For 1 Tes If Yes, Give Year or Da	2 [ <b>X</b> ]No ∋		Yes, specify Cuba	Specify:	to Hican, etc.)		Black, Whi	White
2-0	72 ho	Completed	15. Decedent's Ed (Specify only highest gra		16a	Deced	ent's Usual Occup kind of work done o	ation during most of wo	rking	16b. Ki	nd of Business	/Industry
21	within ene. then	nple	Elementary/Secondary (0-12)	College (1-	4or 5+)			0	,			
121	Hygian Hygian Ather ti		17. Father's Name (First, Middle, Last)	2		Hom	emaker	18. Mother's Nar	me (First, Middle	. Maiden	Own H	ome
and	Mental Harked of	o Be	Jesse Calvin Cas						e Marie		,	
Maryland	2 should and Men is marks aumatic	7	19a. Informant's Name/Relationship (	Type, Print)	196	o. Mailin	g Address (Street	and Number or Ri	ural Route Numb	er, City o	r Town, State,	Zip Code)
	and 2 saith a n 27 is		Wilbur A. Vander	Linden/								
ore	of He		20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☐	Removal from S	State cemete	ny, crem	sition (Name of natory or other plac	1		20c. Lo	ocation - City or	Town, State
Baltimore,	rtment rtment		4 ☐ Donation 5 ☐ Other (Specification of Funeral Service Licer	y)	Fort 1		oln Ceme		006			Maryland
Bal	permit. Pages 1 and 2 Department of Health a Important: If Item 27 is ony injury or other tra		21. Signature of Funeral Service Licer	F Cole			Ancis Adre O Univer					g, MD 20902
			23a. Part1. Enter the disease, or com shock, or heart failure. List only	pications that ca one cause on ea	used the death. Do ach line.	not ente	er the mode of dyin	g, such as cardia	c or respiratory a	arrest,		Approximate Interval Between Onset and Death
	Physician /Medical		Immediate Cause (Final disease or condition resulting in death)	a	d & Neck (		er					2 Years
1	Examiner		1	Due to (	or as a consequence	of):						
		Jer	Sequentially list conditions, if any, leading to immediate	b. Due to (d	or as a consequence	of):						
	cuted nd ransit	Examiner	cause. Enter Underlying Cause (Disease or injury that initiated events	c								
90,	cate be executed physician and the burial-transit	I Ex	resulting in death) Last	Due to (	or as a consequence	of):						
8760,	cate b	dlcal	•	d								
Вох 6	death certific e attending p id for use as		IF FEMALE: 23b. Was decedent pregnant		come of pregnancy		Ectopic pregnancy				23d. Date of de	alivery
P.O. B	the death y the atte ched for	Physician/M	in the past 12 months? 1 ☐ Yes 2 ☐ No 9 ☐ Unknown		ant at time of death		Other (specify)				Month	Day Year
	v requires that the de been signed by the should be detached	by Pt	Part II. Other significant conditions	contributing to de	ath but not resulting	in the ur	nderlying cause giv	en in Part I.	23e. Did	tobacco u	use contribute	to the cause of death?
rds	equires sen sign nould be								10	Yes 2	□No 3□F	robably 4 Unknown
Records,	law re as be 2 sho	Completed							24a. Was	psy	prior to	utopsy findings available completion of cause of
= =	The law cate has	5								ormed? 2⊠ No	death?	
Vita	Physician: Th rthis certificate ral director, pag	Be	25. Was case referred to medical examiner?	Hospital:			• all pos Oth	00	ath (Check only			
o to	Phys this ral di	5	1 ☐ Yes 2 ☑ No 27. Manner of Death	28a. Date o	npatient 2 ER/O	utpatien Time of	T 3 DOA	4   Nursing I	Home 5 Res			ecify)
on	ending F sath. or: After he funer	atlor	1 ⊠Natural 5 ☐ Pending 2 ☐ Accident investigatio		h, Day Year)	Injury		k? Yes 2∐No				
Division of Vital	er des rector by th	Certification:	3 ☐ Suicide 6 ☐ Could not b 4 ☐ Homicide determined	286. Place	of Injury - At home, fing, etc. (Specify)	am, str	eet, factory, office		28f. Location City or To			Rural Route Number,
Ö	ital of											
	To the Hospital or Attendi within 24 hours after death. To the Funeral Director: A completely filled in by the fu	Medical			best of my knowledg asis of examination a ner stated.							
	Withir To th comp	Me	29b. Signature and tille of certifier	70	11-	-	29c. Licens	e number		29d. Da	te signed (Mor	nth, Day, Year)
	ID		faul	Man	RUMD		Do	06108	33	561	PT. 1	8,2006
	l		30. Name and address of person who Paul / Thambo, M. I	completed caus 9707	e of death (Item 23a) Medical (	(Type, Cent	Print) er Drive	, #300,	Rockvil	le, M	1D 2085	0
	Sta Regist	ate rar	31. Date filed (Month, Day, Year) SEP 1 9 2	006 32 A	egistrar's Signature	Spa	West of					

Please Type or Print in Black Indelible Ink. Ensure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene For State Registrar Certificate of Death 2. Date of Death 1. Decedent's Name (First, Middle, Last) Physician September 12, 2006 Loretta Kane Lewis 2:00 pM /Medical 4c. County of Death 4a. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death Examiner 3563 S. Leisure World Blvd. Silver Spring

If Under 1 Year If Under 24 Hrs.

Months Days Hours Min. Montgomery 8. Date of Birth (Month, Day, Year) 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1 ☐ M 21 F Yrs 107 12 0765 Director 86 August 13,1920 New York Usual Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Importent: If item 27 is marked other then "netural", or Items 23e or 28e-f ehow any injury or other treumatic event, Ite Marical Expiriter main the notified at 10a. State 10c. City, Town or Location 10d. Inside City Limits 10b. County 1 ☐ Yes 2 No Directo Montgomery Silver Spring 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 3563 S. Leisure World Blvd. 20906 USA Funeral 12. Was Decedent Ever in U.S. Armed Forces? Race - American Indian, Black, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status 1 ☐ Yes 2 🔯 No If Yes, Give Year or Dates: 1 ☐ Never Married 2 ☐ Married Specify: White Baltimore, Maryland 21215-0036 1 ☐ Yes 2 ☑ No Specify. Completed by 3 ₩ Widowed 4 Divorced 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) Elementary/Secondary (0-12) College (1-4or 5+) Homemaker Own Home 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be James Henry Kane, Jr. Elizabeth Veronica Kern 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) EAlex Lewis (Son) 611 W. Oak St. Falls Church, Virginia 22046 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 20a. Method of Disposition 1 ☐ Burial 2 XCremation 3 ☐ Removal from State The Cremation Center Sept.19,2006 Chantilly, Virginia * 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility Murphy's Falls Church Funeral Home 21. Signature of Funeral Service Licenses mance Busi Falls Church, Virginia 22046 Approximate Interval Between Onset and Death 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Immediate Cause (Final disease or condition **Physician** myocardial minter resulting in death) /Medical Due to (or as a consequence of): Examiner hype Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury Due to (or as a consequence of): Examiner attending physician and for use as the burial-transit The law requires that the death certificate be executed hyperlipidema 42611 that initiated events resulting in death) Last Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760 Physician/Medical IF FEMALE: 23c. If yes, outcome of pregnancy 1 ☐ Live birth 2 ☐ Fetel death 23d. Date of delivery 23b. Was decedent pregnant 3 Ectopic pregnancy in the past 12 months? 1 ☐ Yes 2 ☐ No Month Day 4 □ Pregnant at time of death 5 Other (specify) been signed by the should be detached 9☐ Unknown 9 Unknown Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? ģ 3 ☐ Probably 4 ☑ Unknown 1 ☐ Yes 2 ☐ No Completed 24b. Were autopsy findings available prior to completion of cause of death? s certificate has b director, page 2 s autopsy performed? 2 No 1 Yes 2 No 1 Tyes To the Hospitel or Attending Physician: within 24 hours after death.

To the Funerel Director: After this certifica within 24 hours after death. To the Funerel Director: After this certific completely filled in by the funeral director, 25. Was case referred to medical examiner?

1 Yes 2 No Be 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient Other: 4 Nursing Home 5 Residence 6 Other (Specify) ို 2 ER/Outpatient 3□ DOA 28c. Injury at Work? 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred Certification: 27. Manger of Death 5 Pending investigation 1 Natural 1 ☐ Yes 2 No М 2 Accident 6 ☐ Could not be determined 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 1 Certifying Physicien: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Exeminer: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a, Certifier ical 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifier 29c. License number Betherla 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

State Registrar 31. Date filed (Month, Day,

Year)

2006

I h Clinic

MD

32. Pegistrar's Signature

NNMC/8901

Wisconsin

			1 - For Stete Registrar	State of M	larylan		artment tificate			and Me	ntal Hyg	jiene _{eg. No.} Z	200	16	313	36
	Physicia	20	1. Decedent's Name (First, Middle, L.	ast)						2	Date of Deat Month	th Day	Y	ear	3. Time of De	
	/Medic			Leonard							Septemb	_			4:40	ам
	Examin	er	4a. Facility Name (If not institution, gi		)				Location o			4c. C	ounty of l		omery	
			Holy Cross Hosp  5. Social Security Number 6.		ne /ln wre	ast birthday)	Silv If Under 1		Sprin If Under:		Date of Birth				ice (State or Fi	oreian
	Funeral Director			1⊠M 2□F		1 Yrs.		Days	Hours	Min	(Month, Day,	Year)		Count	Hampshi	-
			Usual Residence of Decedent													
	inylan show	_	10a. State 10b. County		10c. City	y, Town or Lo	cation							10	d. Inside City L 1 ☐ Yes 2	
	Be-f a	cto		ntgomery		Silv	er Sp		J							
	vith th	Dire	10e. Street and Number				10f. Zip (	^{Code} 2090	12		1	l0g. Citiz€	en of Wha US		y?	
	s 23s	era B	10413 Hayes Av	12. Was Deceden	Ever in 11	S 13 V				nin? (Specif	v Yes or No-	14	4. Race -		n Indian	
21215-0036	be filed within 72 hours after deeth with the Maryland nat lygiene.  Ide lygiene.  In a matural; or items 23a or 28e-f show other then "natural; or items 23a or 28e-f show event. Ite Medical Examinar must be notified at	by Funeral Director	11. Marital Status  1 □ Never Married 2 ☑ Married  3 □ Widowed 4 □ Divorced	Armed Forces  1 Ares 2  If Yes, Give Year or Dates:	?  No		f Yes, special				y Yes or No- can, etc.)			White, e		
9	2 hou	Completed	15. Decedent's 1			16a. Dece	dent's Usual	Occupa	tion	t of working		16b. Kind	d of Busin	ness/Indi	ıstry	
215	- 3	pie.	(Specify only highest g Elementary/Secondary (0-12)	College (1-4or	5+)	life. I	DO NOT use	e retired,	)			Unit	ted S	State	es	
21	filed wi Hygien ther th	ခ် မ		4		Intel	ligen	ce (					ernme	ent_		
Maryland	2 should be filed within and Mental Hygiene. Is marked other then aumatic event, the Mi	Be	17. Father's Name (First, Middle, Las Lester S. Leona							er's Name (/ E. Da	First, Middle, I BV1S	Maiden S	umame)			
7	should be find Mental I marked of umatic eve	၉	19a. Informant's Name/Relationship			10h Mailir	Address	(Stroot a	and Numbe	ar or Rural 6	Route Number	r City or	Town St	ate Zin (	Code)	
Ma	nd 2 sl lith an 27 is r r traur		Jean H. Leonar			1		,							nd 2090	)2
	1 9 E E		20a. Method of Disposition	a, wile	20b. P	lace of Dispo	sition (Nam	e of	1	Dat	0	20c. Loca				
ē	Pages nent of thint: If Its int: If Its		1 Burial 2 ☐ Cremation 3 4 ☐ Donation 5 ☐ Other (Spec			emetery, crer ington N				Nov. 200	29,	7 <b>-</b> 7 - 1 - 4	out or		irginia	
Baltimore,	permit. Pages Department of Important: If I eny injury or once.		21. Signature Fureral Service Lice							ins F	uneral W, Si	Home	e Inc	٠.	MD 209	
			23a. Part1. Enter the disease, or co	mplications that cause	d the deat	h. Do not ent	er the mode	of dying	g, such as	cardiac or r	espiratory arr	est,			Approximate Interval Between	
	Physician		shock, or heart failure. List onlinediate Cause (Final												Onset and Dea	ath
	/Medical		disease or condition resulting in death)	a. <u>Chronic</u> Due to (or a			re Pul	mona	ary D	<u>iseas</u>	<b>2</b>				lO Year	S
	Examiner		Surrentially let appetitions	b Coronar	v Art	erv Di	sease								. Vears	;
	P #	iner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	Due to (or a	s a conseq	uence of):										
	and trans	Examin	Cause (Disease or injury that initiated events resulting in death) Last	c. Due to (or a										-		_
760,	cien a	<u>e</u>	, , , , , , , , , , , , , , , , , , , ,	D00 10 (01 a	s a conseq	derice or).										
687	physi the	dicai	•	d												
Box	The law requires that the death certificate be executed ale hes been signed by the ettending physicien and page 2 should be detached for use as the burial-transit	Physician/Med	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1	23c. If yes, outcom 1 ☐ Live birth 4 ☐ Pregnant 9 ☐ Unknown	2 Feta	Ideath 3[	Ectopic pre Other (spe					23	3d. Date of Month		y Day Yea	ır
P.0	that the de ned by the e detached f	문	Part II. Other significant conditions	contributing to death	but not res	ulting in the u	nderlying ca	use give	en in Part I		23e. Did to	bacco us	e contribi	ute to the	cause of dea	th?
Records,	uires tha signed Id be det	d by	Acute Myelocytic	Leukemia							1 <del>√</del> Y	es 2	No 3	☐ Proba	bly 4 □Unk	nown
202	w requir been si should	Completed									24a. Was a	an	24b. We	re autop	sy findings ava	ailable
Re	he la e hes	Ę.									autops	med?	prio dea	or to com ath?	pletion of caus	se ol
	an: T tificet tor, pi	0	25. Was case referred to medical	1					26. Place	of Death (	☐ Yes Check only or	2√∏ No ne)		Yes :	2□ No	
of Vital	ysicii is cer direct	To B	examiner? 1 ☐ Yes 2 ⊋ No	Hospital:	tient 2	ER/Outpatier	nt 3 🗆 DO	A Othe	200		5 ☐ Resid		Other	(Specify,		
0	ng Ph ter th neral		27. Manner of Death 1 ☑ Naturat 5 ☐ Pending	28a. Date of In (Month, D	jury ay Year)	28b. Time o Injury	f 28	Bc. Injury Work	at c?	28	d. Describe h	ow injury	occurred	1		
Sio	endii eeth. or: A	catic	2 Accident investigat	on			М	1 🗆 '	Yes 2							
Division	ther different	ŧ	3 ☐ Suicide 6 ☐ Could not 4 ☐ Homicide determine	a 286. Place of I	njury - At ho etc. <i>(Specif</i>	ome, farm, sti y)	reet, factory,	, office		28	f. Location (S. City or Town		Number	or Rural	Route Numbe	r,
Ω	urs af urs af eral D	ပ္		1		F 100 100				4 - 1						
	To the Hospital or Attending Physician: The lav within 24 hours after deeth. To the Funeral Director: After this certificate hes completely filled in by the funeral director, page 2	edical Certification;		hysicien: To the bes aminer: On the basis and manner:	of examina											
	o the o the omple	Med	29b. Signature and the of certifier	and mainles			29c	License	e number		2	29d. Date	signed (	Month, E	ley, Year)	
	H3F8		b hab					0 2	457	1		5	+0-1	25.5	18,200	6.
	120,		30. Name and address prerson wh	o completed cause of	death (Iten	n 23a) (Type.	Print)			1		301			-,000	,
			Jay Weiner, M.D	11501_Ge				neat	on. ™	ID 209	02					
		ate	31. Date filed (Month, Day, Year)	32. Pegis	trar's Signa	ature	0.00							-		
	Regist	rar	SEP 19	2006	chen I	the A										

		_	For State Registrar		State c	of Maryla	and / Depa <i>Ce</i>	artme rtifica	nt of H	ealth and Death		Reg. No.	2006		337
	Physicia /Medic		1. Decedent's Name (First) Mary	Louis	e	Leckey	7				2. Date of De Month Septem	Day	Year 11, 2006	3. Time	
200	Examin		4a. Facility Name (If not in: 5901 Montro	-				4b. Cit	•	Location of Deat	h	4c. C	County of Death Mont	gomer	·y
	Funeral Director		5. Social Security Number 579-84-4368	6. Sex 1 □	м 2Ё́ F	7. Age (In y 59	rs. last birthday) Yrs.	If Und Month	er 1 Year s Days	If Under 24 Hrs Hours Min.		y, Year)	9. Birth <i>Co</i> u 16 Penns	place (State ntry) sylvan	
	yland Now		Usual Residence of Deceding 10a. State 10b. 0	dent County		10c.	City, Town or Lo	ocation						10d. Inside	
	a-fet	ctor	Maryland	Montgo	mery		Roc	kvi]	le_					1 🗌 Ye	s 2 🔀 No
	with the	Director	10e. Street and Number 5901 Montr	cose Ro	ad. Sl	00		10f. 2	Zip Code	20852		10g. Citiz	en of What Cou USA	ntry?	
36	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hyglene. Important: If item 27 is marked other then "natural", or Items 23a or 28a-f show any injury or other treumstic event, the Medical Examinar must be notified at ances.	by Funeral	11. Marital Status  1 ☑ Never Married 2   3 ☐ Widowed 4 ☐ Di	☐ Married		edent Ever in orces? 2 <b>X</b> No ive					Specify Yes or No to Rican, etc.)		4. Race - Ameri Black, White, SpecifWhite	etc.	
21215-0036	within 72 hou sne. then "natura ne Medicel E	Completed		ecedent's Educ y highest grade (0-12)	ation completed)		(Give	kind of I DO NOT	sual Occupa work done o use retired	ation furing most of wo )	rkıng		d of Business/Ir		
d 2	illed of Hygie other foot, W	Be Co	17. Father's Name (First, I	Middle, Last)		-	Nece	, perc	MISC	18. Mother's Na	me (First, Middle,			2011Dan	У
ylar	Menta Menta arked atic ev	To B	George Her	ry Lec	key					Alice					
Maryland	d 2 sho h and 7 le m treum		19a. Informant's Name/Re	189					·		ural Route Numbe				
altimore, l	Pages 1 and lent of Healt nt: If item 2		Alice Leck  20a. Method of Disposition  **Burial 2 Cren  4 Donation 5 0	n mation 3 □R	ther		7620 cemetery, cre prbeck 1	osition (A matory o	lame of r other plac	e) Sep		20c. Loc	na Park, ation-CityorT , Mary]	own, State	0912
Balti	permit. Departm Imports any inju		21. Signature Funeral S	Service License	Col	le	2	2. Name Tranc	and Address is J. Iniver		s Funera				20901
			23a. Part1. Enter the dise shock, or heart failur Immediate Cause (Final	ease, or compli re. List only on	e cause on	caused the d each line.				•				Approxim Interval B Onset and	ate etween
	Physician /Medical Examiner		disease or condition resulting in death)	ſ°			cer With	Met	astas	sis				<del></del>	
		Examiner	Sequentially list condition lary leading to immedia cause. Enter Underlying Cause (Disease or injury that initiated events	s, itel	Due to	(or as a cons	s + uence of):								
68760,	ficate be executed physicien and is the burial-transit	edicai Exa	resulting in death) Last		Due to	(or as a cons	sequence of):								
P.O. Box 68	that the death certifica led by the attending pr detached for use as th	Physician/Med	IF FEMALE: 23b. Was decedent pregr in the past 12 month 1 □ Yes 2 □ No 9 □ Unknown	iarit	1 Live	utcome of pre birth 2 F nant at time on	etal death 3	⊒Ectopic ⊒ Other	pregnancy (specify)			2:	3d. Date of deliv Month	ery Day	Year
	quires that n signed bi uld be deta	Ď	Part II. Other significant of	conditions con	tributing to c	death but not	resulting in the u	ınderlyin	g cause give	en in Part I.		_	se contribute to		
of Vital Records,	The law requires ate has been sign page 2 should be	Completed	<u>.</u>								24a. Was autor perfo 1  Yes	osy ormed?	24b. Were aut prior to co death? 1 \sum Yes	ompletion of	s available cause of
/ita	ë ≝ ∺	Be	25. Was case referred to examiner?		ospital:				100		ath (Check only o				
on of	ding Phys h. After this funeral di	tion: To	1 ☐ Yes 2/C/No  27. Manner of Death  1X☐ Natural 5 ☐  2 ☐ Accident	Pending investigation	28a. Date		2 ER/Outpatie 28b. Time ( Injury		28c. Injun World		Home <b>%</b> Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Resident Res			fy)	
Division	To the Hospitel or Attending within 24 hours after death.  To the Funeral Director: After completely filled in by the fune	Certification:		Could not be determined		e of Injury - A ding, etc. (Sp	t home, farm, st	reet, fact	ory, office		28f. Location ( City or Tou	Street and wn, State)	Number or Rur	al Route Nu	ımber,
	ne Hospit 24 hours ne Funera	edical (	29a. Certifier 1 C (Check only 2 N	Certifying Phys Medical Examin	ter: On the I	e best of my basis of exan nner stated.	knowledge, dea nination and/or in	th occurr ivestigati	ed at the tin	ne, date and plac pinion, death occ	e, and due to the urred at the time,	cause(s) a date and	and manner as place, and due	stated. to the cause	(s)
	To the To the comp	Ž	29b. Signature and title of	f certifier	1/	On	uyn		29c. Licens D3 5	e number 5 <b>7</b> 91			signed (Month) tember		
	ı		30. Name and address of Merlyn Vemu	person who co		ise of death (	Item 23a) (Type	. Print)	#227	, Silve	r Spring	, MD	20902		
	Sta Registi		31. Date filed (Month, Da)	y, Year)		Registrar's Si	ignature	DEAD!	7						

Registrar DHMH 17 Rev 1/2001

State

Muin

Galana

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

SEP 1 5 2006

32. Resistrar's Signature

31. Date filed (Month, Day, Year)

# Please Type or Print in Black Indelible Ink. Ensure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 2006

		1	For State Ragistrar	State of Ivial		Certificate of			eg. No.	6 3133
I	Physici	an	Decedent's Name (First, Middle, Last	st)		1.	)	2. Date of Dea Month		3. Time of Death
}	/Medic	al	4a. Facility Name (If not institution, give	street and number)		4b. City. Town.	or Location of Dea	Depternt	150 25 26 4c. County of Dea	4
	LXdIIII	E	The Johns Ho	okins Hos	Pital	Chall.	MOLE			
	Funeral Director		21, 30 3,3.		(In yrs. last birt.	Months Days			, YT933 Mar	rthplace (State or Foreign
	/land		Usual Residence of Decedent  10a. State 10b. County		10c. City, Town					10d. Inside City Limits
	Ba-feh	ctor	Maryland Frederi	ck	New Ma	arket				14 Yes 2 □ No
	ath with th	ral Director	10e. Street and Number 113 Main Str	eet		10f. Zip Code 2177	74	1	U.S.A.	Country?
21215-0036	be filed within 72 hours after death with the Maryland ital Hygiene. Id other then "naturel", or Iteme 23a or 28a-f ehow event, the Modical Examiner must be notified at	by Funeral	11. Marital Status  1 □ Never Married 2 □ Married  3 ሺ Widowed 4 □ Divorced	12. Was Decedent Ev Armed Forces? 1 X Yes 2 □ No If Yes, Give Year or Dates:19	,	13. Was Decedent of If Yes, specify Cui		Specify Yes or No- to Rican, etc.)	14. Race - Am Black, Wh Specify: Wh	ite, etc.
	"natu	letec	15. Decedent's Ed (Specify only highest gra	lucation de completed)	16a.	Decedent's Usual Occu (Give kind of work done life, DO NOT use retin	during most of wo	orking	16b. Kind of Business	s/Industry
212	d within	Be Completed	Elementary/Secondary (0-12)	College (1-4or 5+)	)	Truck Drive			County Go	vernment
Maryland	a d a	To Be C	17. Father's Name (First, Middle, Last) Clyde Lero				18. Mother's Na Mazi	me (First, Middle, 1 e Eudora	Maiden Sumame) Lawson	,
	1 and 2 should Health and Men Iem 27 Ie marke other treumatic		19a. Informant's Name/Relationship (18 Barbara F. Lawso		19b. 1	Mailing Address (Stree	Court,	ural Route Number New Marke	r, City or Town, State, et, MD 217	Zip Code) 74
Baltimore,	Se to I		20a. Method of Disposition  1X Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify		Resthave	Disposition (Name of c, crematory or other plants on Memorial Ga	ardens, Sep	Date t. 29, 2006	20c. Location - City o Frederi	
Balt	permit. Page Depertment Important: If eny injury or		21. Signature of Funelal Service Licen		M00255	Reeney 106 East (	and Basf Church St	ord PA Fu	uneral Hom rick, MD 2	e 1701
68760,	hysician be executed and physician and physician and physician and es the burial-transit	cal Examiner	23a. Part1. Enter the disease, or com shock, or heart failure. List only Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, Jacumy to turn solutions cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	a. Myo5i	consequence of	r():	ing, such as cardia	correspiratory arm	est,	Approximate Interval Between Onset and Death
O. Box	death ce le ettendii ed for use	Physician/Medical	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 □ Yes 2 □ No 9 □ Unknown	23c. If yes, outcome of 1 ☐ Live birth 2 4 ☐ Pregnant at tir 9 ☐ Unknown	Fetal death	3 □Ectopic pregnanc 5 □ Other (specify)	Бу		23d. Date of de Month	olivery Day Year
rds, P	law requires thet the es been signed by th 2 should be detache	þ	Part II. Other significant conditions c	ontributing to death but	not resulting in	the underlying cause g	iven in Part I.		bacco use contribute t es 2 □ No 3 □ P	to the cause of death?
I Records,	The ate h	Completed	1					24a. Was a autops perform	y prior to	utopsy findings available completion of cause of
VIta	Physicien: Th r this certificate ral director, pag	o Be	25. Was case referred to medical examiner?  1 Yes 2 No	Hospital:	0 T FD/0		ther	ath Check only on		
0	ng Phys ter this neral di	n; To	1 Yes 2 No  27. Manner of Death 1 Natural 5 Pending	1 ☑ Inpatient 28a. Date of Injury (Month, Day)		patient 3 DOA	4 🗆 Hursing i		ence 6 Other (Spe ow injury occurred	ecify)
Division	To the Hospital or Attending F within 24 hours after death.  To the Funeral Director: After completely filled in by the funeri	Certification;	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined		y - At home, far		]Yes 2 □No	28f. Location (St City or Town	treet and Number or R n, State)	lural Route Number,
<u> </u>	Hospital of Ponts at Funeral Ditely filled in		(Check only 2 Medical Exam	ysician: To the best of niner: On the basis of e	xamination and	death occurred at the t	time, date and plac opinion, death occ	e, and due to the caurred at the time, di	ause(s) and manner a ate and place, and du	s stated. e to the cause(s)
	To the I within 2 To the I complet	Medical	one) 29b. Signature and title of certifier	and manner state	ed.		se number		9d. Date signed (Mon	
)	·- > F 0		· MAN			RES	-000	Si	3 Hember	26,7006
	1		30. Name and address of person who	completed cause of dea	ath (Item 23a) (	Type, Print)	- CL h	11	1/10/1/20	26,7006
	Sta	te	31. Date filed (Month, Day, Year)	32 Registrar	's Signature	N. LUDITE	· 57 · []	ATTI MORE,	MARY 1910	4601
	Registr	ar	OCT 0 3 20	16 Lines	A. I	Gordin				t d

DHMH 17 Rev 1/2001

		1 - State Registrar	State of Marylar	id / Depa	artment of I	Health and I Death		giene Reg. No. 200	6 31340
Physici /Medi		Decedent's Name (First, Middle, Last)     FORE	ST A		MILLS,	SR.	2. Date of Dea Month SEPT	Day Year	M
Examir Funeral Director		4a. Facility Name (If not institution, give str  2362 GILLIS RD.  5. Social Security Number 214-18-1645  6. Sex	7. Age (In yrs.		4b. City, Town,  MT  If Under 1 Year  Months Days		8. Date of Birth (Month, Day	4c. County of Dea	ath
ith the Maryland or 28a-1 ehow	tor	Usual Residence of Decedent  10a. State 10b. County  Md. Carrol		y, Town or Lo			Thay IC	. 1919	10d. Inside City Limits 1 ☐ Yes 2 ☒ No
th with the 23a or 28	al Director	10e. Street and Number 2362 Gillis Road			10f. Zip Code	21771		10g. Citizen of What C United S	•
permit. Peges 1 and 2 should be filed within 72 hours after death with the Maryland Deperment of Heelih and Mental Hygiene. Deperment of Heelih and Mental Hygiene. Deperment of Heelih and Mental Hygiene. Deperment of Her 27 is marked other than "naturel", or Itame 23a or 28a-f show eny lolury or other treumatic event, the Medical Examinal ment be notified at ance.	d by Funeral	11. Marital Status 12 Married 2 Married 3 Widowed 4 Divorced	If Yes Give	44-	Was Decedent of f Yes, specify Cut	Hispanic Origin? (S pan, Mexican, Puert Specity:	pecify Yes or No- o Rican, etc.)	14. Race - Am Black, Wh Specify:	
ed within 72 h rgiene. or than "natu	Completed	15. Decedent's Educa (Specify only highest grade of Elementary/Secondary (0-12)		(Give	dent's Usual Occu kind of work done DO NOT use retire rpenter	during most of wor	king	16b. Kind of Business Construct	
Duid be fit Mental Hy Arked oth	To Be	0200	lls			Bessi	e Reed		
end 2 sh leelth end m 27 le m her treum		19a. Informant's Name/Relationship (Type Ruth V. Mills / Wi	fe	2362	Gillis	Road, Mt.	Airy, N		21771
Peges 1 treet of He tant; if Item		20a. Method of Disposition  1 ⊠ Burial 2 ☐ Cremation 3 ☐ Ref 4 ☐ Donation 5 ☐ Other (Specify)	moval from State Pa	emetery, cren rklawn	sition (Name of matory or other plate) Cemeter	y 9/	20/06	20c. Location - City o	
Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Depermit Dep		21. Signature of Funeral Service Licensee	Barke		P. O.		Laytons	sville, Md	
Physician /Medical Examiner		23a. Part1. Enter the disease, or complica shock, or heart failure. List only one trimediate Cause (Final disease or condition resulting in death)	Azute	uence of):	Churm Co W	C Rew	1	uve	Approximate Interval Between Onset and Death
sate be executed shysicien and the burial-transit	dical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  d.	Due to (or as a consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of t	sence of):  oute  uence of):  Lectes	isin Me	lletus			
The law requires that the death certificate site hes been signed by the ettending phys page 2 should be deteched for use as the	Physician/Medical	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1  Yes 2 No 9 Unknown	b. If yes, outcome of pregnations of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the st	Ideath 3	Ectopic pregnand	;y		23d. Date of de Month	olivery Day Year
w requires that been signed t should be dete	þ	Part II. Other significant conditions contr	buting to death but not res	ulting in the u	nderlying cause g	ven in Part I.		bacco use contribute t	o the cause of death?
iclan: The law requirector, page 2 should	Completed						24a. Was a autops perform	an 24b. Were a prior to death?	utopsy findings available completion of cause of
ng Phys fter this neral di	ation: To Be	25. Was case referred to medicat examiner?  1  Yes  No Ho  27. Manne of Death  1 Natural 5 Pending investigation	spital: 1 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatien	ER/Outpatien 28b. Time of Injury	28c. Inju	her: 4 Nursing H		ence 6 Other (Spe ow injury occurred	əcify)
To the Hospital or Attending in within 24 hours eller death. To the Funeral Director: Alfer completely filled in by the funeral	Certification:	3 Suicide 6 Could not be 4 Homicide determined	28e. Place of Injury - At h building, etc. (Specif	ome, farm, str	eet, factory, office		28f. Location (S. City or Town	treet and Number or R	lural Route Number,
To the Hospital or within 24 hours effe To the Funeral Dir completely filled in	edicai	29a. Certifier (Check only one)  1 Certifying Physic 2 Medical Examine	cian: To the best of my known: On the basis of examination and manner stated.	wledge, death tion and/or in	n occurred at the t vestigation, in my	ime, date and place opinion, death occur	, and due to the c rred at the time, d	ause(s) and manner a date and place, and du	s stated. e to the cause(s)
10+1	W	29b. Signature and title of certifier	In			NO2 hi	3	29d. Date signed (Mon	le MJ
		30. Name and address of person who com  S  31. Date filed (Month, Day, Year)	pleted cause of death (Item (1911/16 17 18 18 18 18 18 18 18 18 18 18 18 18 18	A U		Han S	heet t	in bestus	les not
Sta "Registi		SEP 1 9 200		1. 60	selle!				

DHMH 17 Rev 1/2001

			For State Registrar	State of	f Marylan		artmen rtificat			nd M	lental Hyg	iene g. No. 2	006	31311
	Physici		1. Decedent's Name (First, Middle, Last Leon M.	,	Mair	nan					2. Date of Deat Month Septembe	h Day	Year 2006	3. Time of Death 5:15 A M
	/Medic Examin		4a. Facility Name (If not institution, give	street and nur	nber)		4b. City,	Town, or	Location of		1		ty of Death	3.13 11
ı			15320 Pine Orchar	1 Drive	#2J				Spring				gomery	
1	Funeral		5. Social Security Number 6. Se	x MM 2□F	7. Age (In yrs.	last birthday) Yrs.	If Under Months	1 Year Days	If Under 2 Hours	Min.	8. Date of Birth (Month, Day,	Year)	9. Birthpl Coun	ace (State or Foreign try)
	Director	}	083-26-4388 Usual Residence of Decedent		70	Trs.					07/13/1	.936		NY
	land ow		10a. State 10b. County		10c. Cit	y, Town or Lo	cation						10	0d. Inside City Limits
	Man,	to	MD Mont	gomery	5	Silver	Sprin	ng					1	1X Yes 2 □ No
	th the	lrec	10e. Street and Number				10f. Zip				1	0g. Citizen o	What Coun	try?
	23a	ral	15320 Pine Orchar	l Drive	#2J		209					Unite		
36	should be filed within 72 hours after death with the Maryland and Menal Hygiene. Tracked other than "natural, or iteme 28a or 28a-t ehow marked other than "natural, or iteme 28a or 28a-t ehow matic event, the Madical Examinar must be notified at	by Funeral Directo	11. Marital Status  1 ☐ Never Married 2 ☐ Married  3 ☑ Widowed 4 ☐ Divorced	Armed Fo	odent Ever in U rces? 2  No re ates: Kore		Was Deced If Yes, spec			in? (Spe Puerto	ecify Yes or No- Rican, etc.)		ace - Americack, White, of ity:	
ခို	tural	edt	15. Decedent's Ed		ates. KOLE	16a. Dece	dent's Usua	al Occupa	ation			16b. Kind of	Business/Inc	
Ç.	in 72 n "na natio	plet	(Specify only highest grade Elementary/Secondary (0-12)	le completed)	dor E.)	(Give	kind of wo	rk done d	durina most	of works	ng		200110041110	
212	d with	Completed		College (1	-401 5+)	Claim	ns Exa	amin	er			US G	overnm	ent
힏	al Hyg	0	17. Father's Name (First, Middle, Last)								(First, Middle, M	Maiden Suma	ume)	
ā	should band Mente	70	Joseph Maiman						Ann	na G	ordon			
Mar	alth and 27 le m		19a. Informant's Name/Relationship (7) Michael R. Maiman								ive #2J			
Baltimore, Maryland 21215-0036	permit. Pages 1 and 2 should be Department of Health and Menia Important: If Item 27 Ie marked eny Injury or other treumatic evone.		20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify	Removal from	State Jud	Place of Dispo emetery, crer Iean Me	sition (Name natory or o MOT1	ne of ther place LL G	årdens	_		20c. Location )1ney 1	-	
Balti	permit. Pages 1 Depertment of H Important: If Ite ony Injury or of		21. Signature of Funeral Service Licens	96		The second second		_			l Direct			
			23a. Part1. Enter the disease, or comp shock, or heart failure. List only of	lications that c	aused the deet	h. Do not ent	er the mod	e of dyin	g, such as c	cardiac c	Rockvil or respiratory arre	est,	20032	Approximate Interval Between
,	Physician		Immediate Cause (Final		on Can									Onset and Death
	/Medical		disease or condition resulting in death)	a	or as a consec									
u	Examiner		Sequentially list conditions	b										
	<b>⊽</b> ∺	iner	Sequentially list conditions, if any, leading to immediate cause. Ener Underlying Cause (Disease or injury	Due to (	or as a conseq	uence of):								
	and and I-trans	Examin	that initiated events resulting in death) Last	c. Due to (	or as a conseq	mence of):							_	
8760,	icate be executed physicien and s the burial-transit	alE			,5, 25 2 55,1554									
687	ficate phys s the	edical		d										
Box	e death certificate be executed the ettending physicien and hed for use as the buriat-transit	Physician/Me	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 □ Yes 2 □ No 9 □ Unknown	1☐Live b	come of pregna irth 2 Feta ant at time of co	Ideath 3	Ectopic pr Other (sp						ate of delive fonth	ry Day Year
о. О	The law requires that the de ste has been signed by the c page 2 should be detached I	Phy	Part II. Other significant conditions co	entributing to de	eath but not res	ulting in the w	nderlying c	ausa oivi	en in Part I		23e. Did tob	pacco use co	ntribute to th	e cause of death?
ds,	signe d be	d by	Pulmonary E	_		anny in the		acco g.v.	311 111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 □ Ye		3 ☐ Prob	
Ö	w require been si should t	ete	Congestive						-		24a. Was a	Λ	More outer	osy findings available
Re	ne lav s has ge 2 :	Completed									autops perform	٧	prior to con	npletion of cause of
ā		ပို	Gastrointes 25. Was case referred to medical	tinal H	lemorrh	age			06 81	of Dooth	1 ☐ Yes 2	2 A No	1 Yes	2 🔼 No
5	hysician: his certifice I director, p	0 8	examiner?	Hospital: 1 🗆 I	npatient 2	ER/Outpatier	t 3□ DC	A Oth			ne 5XX Reside		ther (Specifi	d
ō	- = m	<b>-</b>	27. Manner of Death		of Injury th, Day Year)	28b. Time of		8c. Injun Worl			28d. Describe ho			·
0	Attending F death. ctor: After y the funera	atio	1 Natural 5 Pending 2 Accident investigation	(WOIII	III, Day 19ai)	Injury	М		Yes 2 □ N	10				
Division of Vital Records,	of or Atten after deat Director: d in by the	Certification:	3 Suicide 6 Could not be determined	200. Place	of Injury - At h ng, etc. (Specia		eet, factory	, office			28f. Location (St. City or Town	reet and Nur n, State)	nber or Rura.	Route Number,
	To the Hospitel or Al within 24 hours after of To the Funerel Direc completely filled in by	edical C	29a. Certifier 1 Certifying Phyone) 1 Medical Example 2 Medical Example 2	iner: On the ba	best of my kno asis of examina ner stated.	owledge, death ation and/or in	h occurred vestigation	at the tin	ne, date and pinion, death	d place, a	and due to the ca ed at the time, da	ause(s) and r ate and place	nanner as st and due to	ated. the cause(s)
	To the within 2 To the complet	Me	29b. Signature and title of certifier				290	. Licens	e number		2	9d. Date sign	ed (Month, I	Day, Year)
1	10		P. O. R.					1100	60335	_	(	1		,2006
			30. Name and address of person who				Print)					,	S. 12	, 2000
			Paul Bannan MD 18						e 327	Oln	ey MD 20	)832		
	Sta Registr		31. Date filed (Month, Day, Year) SEP 19 2	006 32.	egistrar's Signa	de sp	and I							

		•	1 - For State Registrar	State of Ma	aryland		artment of h		nd Me		ene g. No. 20	06	31342
	Physici /Medic		Decedent's Name (First, Middle, Last,  James Royce Mill							. Date of Death Month		Year	3. Time of Death 12:57 A ^M
À	Examir		4a. Facility Name (If not institution, give 9300 Baker Street				4b. City, Town, o	s	f Death		4c. County of	Death	ounty
	Funeral Director		5. Social Security Number 6. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 12. Security Number 1	x 7. Age M 2□ F 50	e (In yrs. las	Yrs.	If Under 1 Year Months Days	If Under 2 Hours	Min.	Date of Birth (Month, Day, March 28	Year) 3, 1956	9. Birthpla Countr Mai	ice (State or Foreign y) ne
	e Maryland a-f ehow	ctor	10a. State 10b. County  MD Calvert	Co.		Town or Lo	cation					100	d. Inside City Limits 1 ☐ Yes 2X No
	ath with the 23a or 28	ral Director	10e. Street and Number 9300 Baker Street				10f. Zip Code 20736				g. Citizen of Wh	•	
900	permit. Pages 1 and 2 should be filed within 72 hours after deeth with the Maryland Department of Health and Mental Hygiene. Department of Health and Mental Hygiene importent: if item 27 is marked other then "neturel", or iteme 23a or 28a-f show empt jourg or other treumatic event, the Medical Examinar must be notified at anote.	by Funeral	11. Marital Status  1 □ Never Married 2 ▼ Married  3 □ Widowed 4 □ Divorced	12. Was Decedent I Armed Forces? 1 Yes 2 No If Yes, Give Year or Dates:			Was Decedent of H f Yes, specify Cub 1 ☐ Yes 2 💆 No		jin? (Specif , Puerto Ric	fy Yes or No- can, etc.)	14. Race Black Specify:	- America White, et Whi	c.
21215-0036	s within 72 h jiene. r then "netu the Medical	Completed	15. Decedent's Edu (Specify only highest grad Elementary/Secondary (0-12)		i+)	(Give life. I	dent's Usual Occup kind of work done DO NOT use retire	during most d)	of working	, 1	6b. Kind of Bus Self-En		
yland;	should be filed ind Mental Hygid marked other umatic event, I	To Be C	17. Father's Name (First, Middle, Last) Fred Miller					Pat	ricia	Herndo			
Mar	and 2 sh salth and n 27 ie m		19a. Informant's Name/Relationship (T)  Pamela R. Miller		1		ng Address (Street Baker St				100000000000000000000000000000000000000	tate, Zip C	Code)
Baltimore, Maryland	Pages 1 a ment of Hei ent: if item ury or othe		20a. Method of Disposition 1 □ Burial 2 ☒ Cremation 3 □ F 4 □ Donation 5 □ Other (Specify)	Removal from State	cen	ce of Dispo netery, crem Crem	sition (Name of natory or other pla atory	ce) S	ept 20	e 2	oc. Location - C		
Balt	permit. Departimport. eny inj		21. Signature of Funeral Service License	60			. Name and Addres		ree				rt, P.A.
5	Pnysician		23a. Part 1. Enter the disease or compl shock, or heart failure. List only of Immediate Cause (Final disease or condition	ne cause on each lin	the death.	Do not ent	er the mode of dyin						Approximate nterval Between Onset and Death
	/Medical Examiner		resulting in death)	Due to (or as	a conseque	ence of);							
8760,	rate be executed shysicien end the burial-transit	ical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	c. Due to (or as d.									
P.O. Box 68	ne death certific the attending p thed for use as	Physician/Medical	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 □ Yes 2 □ No 9 □ Unknown	23c. If yes, outcome 1⊟Live birth 4⊟Pregnant at 9⊟Unknown	2 Fetal d	leath 3	Ectopic pregnanc	4			23d. Date Mont		/ Day Year
	w requires thet the solution is been signed by should be detact	þ	Part II. Other significant conditions co	ntributing to death bi	ut not result	ling in the u	nderlying cause gr	ren in Part I.					cause of death?
Division of Vital Records,	i: The law ricate has be ; page 2 sh	Completed								24a. Was an autopsy perform	ed? de	or to comp ath?	sy findings available pletion of cause of
Vit	Physician: r this certifica ral director, I	o Be	25. Was case referred to medical examiner? 1 Yes 2 No	Hospital: 1 ☐ Inpatie	nt 2□E	R/Outpatien	it 3□ DOA Ott			Check only one 5 t <del>⊘</del> Resider	nce 6 Other	(Specify)	-
sion of	To the Hospital or Attending Physician: The within 24 hours after death.  To the Funeral Director: After this certificate ha completely filled in by the funeral director, page	Certification: T	27. Manner of Death 1 X Natural 5 ☐ Pending 2 ☐ Accident investigation 3 ☐ Suicide 6 ☐ Could not be	28a. Date of Inju (Month, Day	ry 2	28b. Time of Injury	28c. inju		28		v injury occurre		
Ω	ital or Atl irs after d raf Direct		4 Homicide determined	building, etc	c. (Specify)		eet, factory, office			City or Town,			
	To the Hospital within 24 hours a To the Funeral Completely filled	edical	29a. Certifier 1 ☐ Certifying Phy (Check only one)  1 ☐ Certifying Phy 2 ☐ Medical Exami	rsician: To the best of iner: On the basis of and manner sta	examination	ledge, death on and/or in	occurred at the tile vestigation, in my o	me, date and opinion, deat	d place, and h occurred	d due to the car at the time, da	use(s) and man te and place, ar	ner as stat id due to t	ted. he cause(s)
<b>\</b>	To the within 2 To the complete	Σ	29b. Signature and title of certifier				29c. Licens	S6024	1	29	d. Date signed		
	_ጀ ን		30. Name and address of person who co				Print)						.8, 2006
	JU Sta	ate	Kenneth L. Abbott	M.D. 11	O HOS	spital	Road, S	uite 1	110, I	Prince 1	Frederi	ck, M	D 20678
	Regist		31. Date filed (Month, Day, Year)	0 2006	bour	· K	sperke						

DHMH 17 Rev 1/2001

# Please Type or Print in Black Indelible Ink Manyland / Department of Health and Mental Hydiene

Carol Marshall		State of IVIA 1- For State		ment of Health a ficate of Death	na ivientai H		No. 200	6 3134
Physicia		Registrar  1. Decedent's Name (First, Middle,Last)				Reg. I		3. Time of Death
Medical Exami			Marshall		_	Month Da September 1		1934 hrs
·a-		4a. Facility Name (if not institution, give street a	nd number)	4b. City, Town, Frederick	or Location of Death		4c. County of Death Frederick	
		Frederick Memorial Hospital  5. Social Security Number 6. Sex	7. Age (In yrs. last			8 Date of Birth/M	MM/DD/YYYY) 9. Birt	holace (State or
Funeral Director		212-90-8692 1 M 2X			ays Hours Min	_	Foreig	
any		Usual Residence of Decedent  10a State 10b. County	10c. City, To	own or Location				10d. Inside City Limits
<b>*</b>		Maryland Frederick	Fre	derick				1 X Yes 2 No
daryland 28a-f show	cto	10e. Street and Number		10f. Zip Code	1	10g.	Citizen of What Cour	itry?
th the Maryland 23a or 28a-f sho notified at once.	Director	1523 South Rambling W	av	217	01		United St	ates
with the ms 23a	eral	11. Marital Status 12. Wa	as Decedent Ever in U.S. ned Forces?	13. Was Decedent of			14 Race - Americ	
death	Funeral	1	Yes 2X No			Nicari, etc.)		_
s after ral", niner	ρ	Widowed 4 Divorced If Yes, Gi or Dates:  15. Decedent's Education (Specify only highes	:	1 Yes 2 X 6a. Decedent's Usual Occu		work done	Specify: Wr	nite
3036 within 72 hours after iene er than "natural", Medical Examiner	Completed		ege (1-4 or 5+)	during most of working l	ife. DO NOT use reti	red)	Ning of Business/ii	ilidusti y
36 thin 7 than than	l ge	12		Homemak	er		Own	
5-0C ed wil tygier other the M	ပြွ	17. Father's Name (First, Middle, Last)				(First, Middle, Mai	den Surname)	
21215-0036 Auld be filed within 7 Mental Hygiene marked other than c event, the Medica	Be	William R.E. Jone				Cornell		
D 2'sbould and Me artic er	P	19a. Informant's Name/Relationship (Type, Prin	1.0	19b. Mailing Address (St			-	
Dre, MD 21215-0036 es I and 2 should be filed within 72 of Health and Mental Hygiene If item 27 is marked other than her traumatic event, the Medical		Tom Marshall, husba		1523 S. Ram ace of Disposition (Name of			<b>ck,Maryla</b> 0c. Location - City or	
Baltimore, MD 21215-0036  remit. Pages I and 2 should be filed within 72 hours after death with the Maryland Departmet of Health and Mental Hygiene Important: If item 27 is marked other than "natural", or items 23a or 28a-f she njury or other traumatic event, the Medical Examiner must be notified at once		1 XBurial 2 Cremation 3 Remo	oval from State cre	ematory or other place)				
ti. Pagi riment ortant:		4 Donation 5 Other Specify: 21. Signature of Funeral Service Liber see	Gla	de Cemetery  22. Name and Addr				le, Maryla
Baltir permit. I Department Importa injury or	l ,	21. Signatura di l'unioral del vice di la seco	A mal	)	500		neral Home	es, P.A. cyland 2170
Physician	1	23a. Part Enter the disease or complications	that caused the death. D	o not enter the mode of dying	ng, such as cardiac of	or respiratory arrest,	shock, or heart	Approximate Interval
/Medical	6	failure. List only one cause on each line.  Immediate Cause (Final disease a Hyd)	rocodone intox	ication				Death
Examiner		or condition resulting in death)  Due to (condition resulting in death)	or as a consequence of):					
	ե	Sequentially list conditions, if any, leading to immediate b. Due to (conditions)	or as a consequence of).					-
	ij	cause. Enter Underlying Cause		· <u></u>				
ed nsit	Examiner	events resulting in death) Last Due to (c	or as a consequence of):					
Box 68760, re death certificate be executed the attending physician and ned for use as the burial - transit	<u>sa</u>	UNPENDED d.	DED #00	07.00 C MI	000 10/1/00	ППП		
<b>60,</b> ate be thysici	Medical		f yes, outcome of pregna	27,28a-f,perME,g	300,10/4/00	11	23d. Date of delivery	
687 ertific ding p e as th	an/I	23b. Was decedent pregnant in the past 12 months?	Live birth  Pregnant at time of deat	h	3 Ectopic pregn	ancy	Month E	Day Year
Box 687  Boath certific  the attending p	Physician/	1 Yes 2 No 9 V Unknown 9	Unknown	5 Other (Specify)		ľ		
ecords, P.O. Box 687 he law requires that the death certific are he been signed by the attending F age is should be detached for use as the	1 0	Part II. Other significant conditions contribu	uting to death but not res	ulting in the underlying caus	e given in Part I.	23e. Did toba	cco use contribute to	the cause of death?
ires that the signed by	d by					1 Yes	2 No 3 Prob	oably 4 🗸 Unknown
Division of Vital Fecords, tall or Attending Physician: The Law requires and or Attending Physician: The Law requires and Director. After this certificate has been simpled in by the funeral director, page, should be led in by the funeral director, page, should be	Completed by					24a Was an autopsy		topsy findings available
Wital Record Physician: he law re r this certificate hes be				_		performe		
m: Fr	ပြ	25. Was case referred to medical		26.PI	ace of Death (Check			
sion of Vital Fecords Attending Physician: he law requirenter the tan Teduran Alter this certificate his been by the funeral director, page 5 should by the funeral director, page 5 should by the funeral director, page 5 should by the funeral director, page 5 should by the funeral director, page 5 should by the funeral director, page 5 should by the funeral director, page 5 should by the funeral director, page 5 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 should be 6 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 should be page 6 shou	To Be	examiner?  1 Ves 2 No	1 Inpatient 2 🗸 E	R/Outpatient 3 DOA	Other Nursi	ng Home 5 Re	sidence 6 Other	
ion of tending Pt eath tor: After the funeral	ج ا	27. Manner of Death 28a	. Date of Injury (Month, Day, Year)		njury at Work?	28d. Describe how	injury occurred	
ion trendi death stor: v the f	ati	Z   Accident   IIIVestigation		riid 0:52 piii j	Yes 2 No	unk		
ivisior  I or Attend  after death  Director:	Certification:	Suicide 6 A Could not be		ne, farm, street, factory, offic	e building, etc.	28f. Location (Stre	et and Number or Ru e) 1523 S. Rai	ral Route Number, City mbling Way
D  e Hospital  7 24 hours  e Funeral letely fille		4 Homicide		residence				
Division  Division  To the Hospital or Attent within 24 hours after death To the Functal Director: completely filled in by the	ical	29a Certifier 1						
To the To the comple	Medical	29b. Signature and title of certifier	nner stated		ense number		9d. Date signed (Moi	
(3)	-	Canal La	1000	0.	C.M.E.		September 18, 2	
	1	30 Name and address of person who complete	ed cause of death (Item 2	(3a)				
	,			11 Penn Street, Balt	imore, MD 2120	)1		
	State	31. Date filed (Month E P YZ) 8 2006	32. Ri Aistrar's Signature	K Sneets)	_			
Regis		5ET & 0 2006	mann y	- Marie				

Registrar DHMH 17 Rev 1/2001

State

Howard Weeks, M. D., 580 Northern Ave., Hagerstown, Md. 21742

32. Registrar's Signature

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

2 1 2006

31. Date filed (Month, Day, Year)

00011266

Please Type or Print in Black Indelible Ink State of Maryland / Department of Health and Mental Hygiene 2006 31345 1. For State Certificate of Death Reg. No Registrar Decedent's Name (First, Middle, Last) Date of Death Physician/ Month Day September 8, 2006 Dorothy Lynn Massey Medical Examiner 2243 hrs 4a Facility Name (if not institution, give street and number) 4b City, Town, or Location of Death c. County of Death Route 213 & Manor Avenue Chestertown 5 Social Security Number 7 Age (In yrs last birthday) If Under 1 Year If Under 24Hrs. 8 Date of Birth (MM/DD/YYYY) 9 Birthplace (State or **Funeral** Months Davs Hours Director 184-32-8229 2 X F 02/21/1943 Country) PA Usual Residence of Decedent 10b County 4my 10a. State 10c. City, Town or Location 10d. Inside City Limits MD Kent 28a-f show Still Pond Yes 2 x No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country 11615 Still Pond Road 21667 USA Funeral Was Decedent Ever in U.S. 13. Was Decedent of Hispanic Origin? (Specify Yes or No 14. Race - American Indian, 8lack If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Armed Forces 1 Never Married 2 X Married Yes White Widowed Divorced Yes, Give Year 1 Yes 2 X No specify "natural", Specify: ð 16a. Decedent's Usual Occupation (Give kind of work done during most of working life DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Completed Elementary/Secondary (0-12) College (1-4 or 5+ the Medical Pages I and 2 should be filed within 72 rent of Health and Mental Hygiene ant: If item 27 is marked other than vor other traumatic event, the Medical Baltimore, MD 21215-0036 12 Teacher Education 17 Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Thomas Allen Dorothy Daiss æ 19a Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Morris L. Massey/husband 11615 Still Pond Road, Still Pond, Maryland 21667 20a Method of Disposition Date 20c. Location - City or Town, State 8urial 2 X Cremation 3 Removal from State crematory or other place) 09/21/2006 tevens ville, MD Chesapeake Crematory Donation 5 Other Specify or 22. Name and Address of Facility 21. Signature of Funeral Service License Fellows, Helfenbein & Newnam Funeral Home, 130 Speer Road, Chestertown, Maryland 21620 2 23a. Part I Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or hear **Physician** failure. List only one cause on each line Between Onset and /Medical Death a Multiple Injuries Immediate Cause (Final disease Examiner or condition resulting in death) Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause Due to (or as a consequence of) Examiner (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of) and Physician/Medical ending physician a use as the burial -UNPENDED AMENDED Box 68760. IF FEMALE: 23c. If yes, outcome of pregnancy 23d. Date of delivery 3b. Was decedent pregnant in the past 12 months? 3 Ectopic pregnancy Month Year Fetal death Dav Pregnant at time of death 5 Other (Specify) 1 Yes 2 No 9 V Unknown Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Division of Vital Records, P.O. 23e. Did tobacco use contribute to the cause of death? ð Yes 2 ✔ No 3 Probably 4 Unknown Completed 24a Was ar 24b Were autopsy findings available autopsy prior to completion of cause of performed? death? After this certificate ✓ Yes 2 1 🗸 Yes Hospital or Attending Physician: 24 hours after death 25. Was case referred to medical 26.Place of Death (Check only one) Be Other₄ Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Nursing Home 5 Residence 6 V Other Scene 1 V Yes 27. Manner of Death 28a. Date of Injury (Month, Day Year) Sep 8, 2006 28c. Injury at Work? 28b. Time of Injury 28d. Describe how injury occurred Certification: Passenger in motorcycle collided with car Natural 2230 hrs 5 Pending 1 Yes 2 V No Director: 2 V Accident 28e Place of Injury - At home, farm, street, factory, office building, etc. 28f Location (Street and Number or Rural Route Number, City Could not be Suicide determined within 24 hours a Fo the Funeral (Specify) Major Road / Highway Route 213 & Manor Avenue, Chestertown, Md. Homicide 29a. Certifier 1 Medical Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as started 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated 29b. Signature and title of certifier 29c License number 29d. Date signed (Month, Day, Year) O.C.M.E. September 9, 2006 me 30 Name and address of person who completed cause of death (Item 23a) 23 Margarita Korell MD. Assistant Medical Examiner 111 Penn Street, Baltimore, MD 21201 2006³². Regist ar's Signature

DHMH 17 Rev 1/2001

State Registrar 31 Date filed (Month, Sag

Please Type or Print in Black Indelible Ink
State of Maryland / Department of Health and Mental Hygiene
Certificate of Death Donny Lee Merchant 2006 31346 1- For State

		Registrar Reg No  1. Decedent's Name (First, Middle Last)  2. Date of Death														
Physicia edical Exami			nny Lee Me		nt						Date of Dea Month Septembe	Day er 18, 20			Time of Death 1611 hrs	
		4a. Facility Name (if not institution Harford Memorial Hos		mber)		4	b City, To Havre	own, or Lo de Gra		Death		- 1	ounty of De rford	ath		
Funeral Director		5. Social Security Number 213-80-5217	6. Sex	7. Age (I	n yrs. last birt	hday) Yrs.	If Unde Months		If Under Hours	Min	8. Date of B		Fo		ace (State or Marylan	d
		Usual Residence of Decedent					1									-
ŕ		10a. State 10b. County		10	c. City, Town	or Location	on					•		100	Inside City Li	mits
ith the Maryland 23a or 28a-f show any notified at once.	ō	7	Cecil						eposi	.t					Yes 2 X	No
Baltimore, MD 21215-0036 permit Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene Important: If item 27 is marked other than "natural", or items 23a or 28a-f sho injury or other traumatic event, the Medical Examiner must be notified at once.	Director	10e Street and Number 91 Remington	Road				10f. Zip		21904	1		10g. Cıtizer	U.S.			
ith th 23a noti		11. Manital Status	12. Was Dec	edent Ev	er in IIS	13 Was	Deceder				ify Yes or N					
eath w items	uneral	1 Never Married 2 M	4 15							Puerto Rio		n, etc.) White, etc.				
after d al", or	by Fi		vorced If Yes, Give Yea	ır			Yes 2					Specify: White				
hours natur Exami	ted t	15. Decedent's Education (Spe Elementary/Secondary (C-12)								ind of worl use retired			d of Busine I <b>Pavi</b>		stry	
36 hin 72 e than "	ompleted	Elementary/Secondary (C-12) College (1-4 or 5+)  Twelve Years Paving/Carpenter												_	Marylan	ıd
-00 with	no.	Twelve rears   raving/carpeneer									irst, Middle,	Maiden Su	ırname)			
al Hy	Be C	· ·	W. Merchai	nt. S	Sr.					Shir	ley A	nn Co	ok			
21215-0036 buld be filed within 7 Mental Hygiene marked other than ic event, the Medica	0	19a Informant's Name/Relations		,		b. Mailing	Address	(Street	and Numb					tate, Zıp	Code)	
MD 3 nd 2 shou alth and m 27 is a		19a Informant's Name/Relationship (Type, Print)  Manley W. Merchant, Jr.  19b Mailing Address (Street and Number or Rural Route Number, City or Town, S 73 Illini Way, Rising Sun, Maryland										and	219	11		
e, N I and Healt item		2Ca. Method of Disposition 2Cb. Place of Disposition (Name of cemetery, Date									Date	20c. Loc	cation - City	or Tow	n, State	
MOT Pages Tent of ant: If											Perryville, Maryla			Marylan	ıd	
Baltimore, permit Pages I an Department of Hee Important: If itel		212Signature of Funeral Service	Licensee		60	Lee		Patt	erso		Son Fu			, P	. A.	
		23a. Part I. Enter the disease, or	r complications that c	aused the	e death. Do no	Per ot enter th	<u>ryvi</u> ne mode o	<u>lle,</u>	Mary uch as ca	yland Irdiac or re	1 219 espiratory ar	03-07 rest. shock	66 or heart	A	pproximate Inte	erval
Physician /Medical	2	failure. List only one cause	on each line.					-,				,			Between Onset Death	
Examiner		Immediate Cause (Final disease or condition resulting in death)	Due to (or as a													_
and the second		Sequentially list conditions,	_{b.} Plaque rup	ture												
	niner	if any, leading to immediate cause. Enter Underlying Cause	Due to (or as a			lar Dise	ease							-		
ited d ansit	Examiner	(Disease or injury that initiated events resulting in death) Last	Due to (or as a	consequ	ience of):											
cords, P.O. Box 68760, law requires that the death certificate be executed has been signed by the attending physician and 2.2 should be detached for use as the hurial - transit	an/Medical	UNPENDED	AMENDED													
68760, sertificate be ding physici	/Me	IF FEMALE: 23b Was decedent pregnant in t			of pregnancy	a D Fot	al death	3	Ectonic	pregnanc	v		Date of deli	very Day	Year	
x 68 h certi tendin use as		past 12 months?	4 Pregr		ne of death		ner (Spec	ify)	Cotopic	programo	,	4 "	OTILIT	Day	roai	
Box e death of the atter	Physic	1 Yes 2 No 9 Un	^{1known} 9 Unkn	own												
P.O. Box is that the death gned by the atter e detached for u	by P	Part II. Other significant condi	tions contributing to	o death b	ut not resultin	g in the u	nderlying	cause giv	ven in Par	t I.					cause of death'  4 V Unkno	
IS, F quires en sigt											24a. Was				sy findings avail	
of Vital Records, ng Physician: The law require ther this certificate has been s' meral director, page 2 should t	Completed										auto perfe	psy ormed?		to comp	oletion of cause	
Vital Rec ysician: The l his certificate I director, page	ő										1 Yes	2 No	1 🗸	Yes	2 No	)
tal cian: certif	Be	25. Was case referred to medical examiner?	Hoosital:						Mhar -	Check onl		1				
of Vital Recing Physician: The After this certificate Uneral director, page	은	O 1 Yes 2 No Inpatient 2 EN/Outpatient 3 DOA 1 4 Nursing Home 5 Residence 6 Other											ther:			
<b>- - - - - - - -</b>	ü	27. Manner of Death 1 ✓ Natural 5 Pen	28a. Date (Month	n, Day,Year		TIME OF II	ijury 2		es 2	- 1	od Describe	now injury	occurred			
Division tal or Attendin rs after death. al Director: Aled in by the fu	ficat	2 Accident Inve	estigation 280 Place	e of Injur	y - At home, fa	arm, stree	et, factory,	office bu	ilding, etc	. 28	Bf. Location	(Street and	Number o	Rural F	Route Number,	City
Divis Hospital or A 24 hours after Funeral Dire	Certification:		uld not be ermined (Specify)	ı							or Town,	State)				
			Physician: To the be													
To the Hos within 24 h To the Fun completely	Medical	29b. Signature and title of certific	aminer: On the basis and manner s	or examir stated	iation and/of i	iiivestigat		License		urred at tr	ile time, date		te signed			
	Σ	O I ARD	-				230	O.C.N					mber 19			
		30. Name and address of person	n who completed cau	se of dea	th (Item 23a)		1									
10			sistant Medical			Penn S	treet, B	altimor	e, MD 2	21201						
/0	tate	ate 31. Date filed (Mon Q Pap Year) 0 2006 32. Resistrar's Signature														

Registrar

State of Maryland / Department of Health and Mental Hygiene 2005 31348 Certificate of Death 2. Date of Death 1. Decedent's Name (First, Middle, Last) 3. Time of Death Day **Physician** Month **Eileen** Norris September 12 2006 7:45 a M /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Crofton Convalescent & Rehab Center Crofton Anne Arundel If Under 1 Year If Under 24 Hrs.

Months Days Hours Min. 5. Social Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Oct 22 Birthplace (State or Foreign Country) **Funeral** 1 ☐ M 2 📆 F 410-01-4609 89 Yrs. Director Tennessee Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location r than "natural", or Iteme 23a or 28a-f ehow the Medical Examiner must be notified at 10d. Inside City Limits 1 □Yes 2 7 No MD Anne Arundel Directo Crofton 10e. Street and Number 10f. Zin Code 10g. Citizen of What Country? 2321 Seabury Drive 21114 Funeral USA 12. Was Decedent Ever in U.S. Armed Forces? 11. Marital Status 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian Black, White, etc. 72 hours after 1 ☐ Yes 2 📉 No If Yes, Give Year or Dates: 1 Never Married 2 Marned Baltimore, Maryland 21215-0036 1 ☐ Yes 2X No þ Specify: Specify: White 3X Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry 12 should be filed within in and Mental Hygiene.
7 Is marked other than "r Elementary/Secondary (0-12) College (1-4or 5+) 12 Homemaker Own Home 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be permit. Pages 1 and 2 should be Department of Health and Menta Importent; If them 27 le marked any injury or other traumatic events. Charles H. Clark ပ Minnie J. Cardwell 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Addie Ferguson (Daughter) 2321 Seabury Drive, Crofton, MD 21114 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) Date 20c. Location - City or Town, State XXBurial 2 Cremation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Hamblen Mem. Gdns. 9-16-2006 Morristown, NJ 21. Signature of Funeral Service Licensee 22. Name and Address of Facility
Hardesty Funeral Home, P.A 12 Ridgely Avenue, Annapolis, MD 21401 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) **Physician** Stage end many years. /Medical Due to (or as a consequence of) Examiner Sequentially list conditions, if any, leaving to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of) Examiner transit certificate be executed and Due to (or as a consequence of) physician auss the burial-t Box 68760, Physician/Medical as attending | IF FEMALE: 23c. If yes, outcome of pregnancy
1 Live birth 2 Fetal death 23b. Was decedent pregnant in the past 12 months?
1 ☐ Yes 2 ☑ No 23d. Date of delivery 3 Ectopic pregnancy Month Day Year 4 Pregnant at time of death 5 Other (specify) ed by the o 9 Unknown 9 Unknown ۵ The law requires that signed t Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part 1. 23e. Did tobacco use contribute to the cause of death? Division of Vital Records, Completed by 1 ☐ Yes 2 ☑ No 3 ☐ Probably 4 ☐ Unknown 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? certificate has t irector, page 2 s 1 ☐ Yes 2 ☐ No 1 Yes 2 No Attending Physicien: director, 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: 1 Yes 2 No 2 1 Inpatient 2 ER/Outpatient 3 DOA this After this 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? Certification: 27. Manner of Death 28b. Time of 28d. Describe how injury occurred 1 Natural 5 Pending Injury To the nours effer death.

To the Funerel Director: Af investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide ö To the Hospitel 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) 29a. Certifier Medical and manner stated 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 9-12-06 0 0. DO0410519 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Glan Juinte 21061, Panie, NUSAIREG 1401 MADISON M122A Suite 100, 1 8 2006 32. Registrar's Signature 31. Date filed (Month, Day, Year) State Registrar

06-07057 Robert E Nelson

Please Type or Print in Black Indelible Ink
State of Maryland / Department of Health and Mental Hygiene

OBERT E NEISON	1- For State Registrar	Certificate of L	Death	Reg N		
Physician/ ledical Examiner		IELSON		2 Date of Death Month Da September 18	y 8, 2006	1330 hrs
	4a Facility Name (if not institution, give street and number 621 Terrapin Lane		. City, Town, or Location of Deat Salisbury 21804	h	4c. County of Death Wicomico	
Funeral Director	578-44-4713 1XM 2_F	ge (In yrs. last birthday) 72 Yrs.	If Under 1 Year If Under 24Hr Months Days Hours Min		M/DD/YYYY) 9. Birthp Foreign Coun	Washington,
any	Usual Residence of Decedent  10a. State 10b. County	10c. City, Town or Location	1			0d. Inside City Limits
Maryland 28a-f show any 1 at once. ector	Maryland Wicomico  10e. Street and Number	<u> </u>	Salisbur		Citizen of What Countr	Yes 2 No
uth the Maryland 23a or 28a-f sh notified at onc al Director	621 Terrapin Lane		21804		USA	
er death w , or items r must be	O TANK I I I I I I I I I I I I I I I I I I I	? If Yes	Decedent of Hispanic Origin? (Solution, Specify Cuban, Mexican, Puerties 2 No specify		14. Race - America White, etc.  Specify: W.	n Indian, Black, hite
2 hours aft "natural" Examine	15. Decedent's Education (Specify only highest grade con Elementary/Secondary (0-12) College (1-4 or	mpleted) 16a. Decedent's	Usual Occupation (Give kind of t of working life DO NOT use re		o. Kind of Business/Ind	ustry
215-0036 be filed within 72 hour nal Hygiene ked other than "natu ent, the Medical Exan Be Completed	12		mp Agent		Airlin	e
D 21215-005 should be filed within and Mental Hygiene 7 is marked other thatic event, the Med To Be Com	17. Father's Name (First, Middle, Last) Percy Edwin Nelson		Lilliar	e (First, Middle, Maid n Risdon	,	
, MD 2121 and 2 should be fi tealth and Mental tem 27 is marked traumatic event, To Be	19a Informant's Name/Relationship (Type Print)  Jean Hayes (Sister)	19b Mailing A	ddress (Street and Number or Nicholson Lane	Rural Route Number.  - Apartmen	City or Town, State, Z	th Bethesd
Baltimore, MD 2 permit Pages I and 2 shoul Department of Health and N Important: If item 27 is n injury or other traumatic	20a Method of Disposition  1 X Burial 2 Cremation 3 Removal from SI	20b. Place of Disposition crematory or other	on (Name of cemetery, r place)	Date 20	c. Location - City or To	
Baltimore, oermit Pages I an Oermit Pages I an Oermit of Head of Head Important: If ite nijury or other tra	4 Donation 5 Other Specify: 21 Syngiture of Fune al Service Licensee		Memorial Park meand Address of Facilitys E adshaw & Sons E			Maryland
Balt Bermit Depart Import injury	Mary Beth Bradshaw-Pruitf 23a. Part I. Enter the disease, or complications that caused	306	5 W. Main Stree	t - Crisf	ield, MD 2	1817 Approximate Interval
/Medical	failure. List only one cause on each line.  Immediate Cause (Final disease a. Contact Gunsh	ot Wound to chest		or respiratory arrest,	, or near	Between Onset and Death
1	or condition resulting in death)  Due to (or as a consistence of the conditions)  Due to (or as a consistence of the conditions)	equence of).				
ted nsit <b>Examiner</b>	if any, leading to immediate Due to (or as a cons cause. Enter Underlying Cause (Disease or injury that initiated					_
ecuted nand transit	events resulting in death) Last  Due to (or as a cons	.equence of):				_
760, cate be execu physician and the burial - tra	UNPENDED AMENDED  IF FEMALE: 23c. If yes, outco	ma of pregnancy			23d Date of delivery	
ox 687 ath certific attending p or use as th	23b. Was decedent pregnant in the past 12 months?	2 Fetal	death 3 Ectopic pregr r (Specify)		Month Day	/ Year
P.O. Bc s that the desgned by the se detached it by Phys	Part II. Other significant conditions contributing to deal	th but not resulting in the unc	derlying cause given in Part I.		No 3 Probab	
rds, Frequires been sig hould be				24a Was an autopsy	24b Were autop	osy findings available
Records, The law requires froate has been sig. page 2 should be				performed 1 Yes 2	? death?	2 No
of Vital Records, ag Physician: The law requin Wher this certificate has been si meral director, page 2 should b n: To Be Completec	25 Was case referred to medical examiner?  1 ✓ Yes 2 No  Hospital: 1 Inpatri	ent 2 ER/Outpatient 3	26.Place of Death (Check 3 DOA Other Nursi		idence 6 🗸 Other: S	cene
n of ding Ph	27. Manner of Death  1 Natural 5 Pending FOUND: Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injury Power of Injur	FOUND:	28c. Injury at Work?  1 Yes 2 ✓ No	28d. Describe how Subject shot se		
Division o Biospital or Attending 24 hours after death Funeral Director: Aftered filled in by the funeral Control of the funeral Director and the funeral Director and Certification:	2 Accident Investigation Sep 18, 2006	njury - At home, farm, street,		or Town, State)	et and Number or Rural ne, Salisbury, MI	
To the Hospital within 24 hours To the Funeral completely filled	29a. Certifier 1 Certifying Physician: To the best of mone) 2 Medical Examiner: On the basis of examiner					
To the within. To the comple	and manner stated  29b. Signature and title of certifier		29c. License number		d Date signed (Month	
	30 Name and address of person who completed cause of	death (Item 23a)	O.C.M.E.	Se	eptember 19, 200	06
	Zabiullah Ali, M.D. Assistant Medical E	xaminer 111 Penn	Street, Baltimore, MD 2	1201		
State	31 Date filed (Month, Day, Year) 32. Figistra	ar's Signature	M.			

			1 - For State Registrar	State o	f Marylaı	nd / Depa <i>Cei</i>	artme <i>tifica</i>	nt of Ho te of E	ealth ar Death	nd Me	ntal Hy	ygie Reg.	ne _{No.} 201	06	31350
-	李介 张 *	9	1. Decedent's Name (First, Middle, La	ist)						2	Date of D	eath	Day	Year	3. Time of Death
	Physici /Medic			Lyd	ia Sylv	via Ore	m			Se	eptemb	oer		006	5:03pm
	Examir		4a. Facility Name (If not institution, gir	re street and nu	mber)		4b. City	, Town, or	Location of [	Death			4c. County of	of Death	
			Frederick Memoria						erick				Fr	eder	
	Funeral	3000		Sex 1□M 253F	7. Age (In yrs		If Und	er 1 Year Days	If Under 24 Hours	Min. 8	Date of B (Month, D	ay, Ye		9. Birthp	place (State or Foreign htry)
	Director		030-30-6657 Usual Residence of Decedent		81	Yrs.				(	Oct. 2	27	1924	Hu	ngary
	and w		10a. State 10b. County		10c. C	ity, Town or Lo	cation							1	Od. Inside City Limits
	the Marylar 28a-f show	ō	Manual and Englan	1.	T7	ederick									1 ☐ Yes 2 <b>√</b> No
	28a	Director	Maryland Freder  10e. Street and Number	ICK	FIG	ederick		ip Code				10g	Citizen of W	hat Cour	ntry?
	3a or	O	10306 Old Liberty	Pond				217	Λ1				Unite	4 C+	atos
	me 2:	Funeral	11. Marital Status	12. Was Dec	edent Ever in l	J.S. 13.	Was Dec		spanic Origin n, Mexican, F	n? (Specif	fy Yes or N	lo-	14. Race	- Americ	can Indian,
ယ္	or Ite	Ē	1 ☐ Never Married 2 ☑ Married	Amed Fo	2 X No					Puerto Ric	can, etc.)			, White,	etc.
03	rali, o	by	3 Widowed 4 Divorced	If Yes, Gi Year or D			1 L Yes	2 <b>⊠</b> No	Specify:				Specify:	Wh	ite
21215-0036	within 72 hours after death with the Maryland ene. than "natural", or Iteme 23e or 28e-f ehow ha Madigal Examinar main be multied at	Completed	15. Decedent's E (Specify only highest gr			16a. Dece	kind of w	rork done d	urina most o	of working	,	16	b. Kind of Bus	siness/In	dustry
2	an le	nple	Elementary/Secondary (0-12)	College (	1-4or 5+)	life.	DO NOT	use retired)		J					
	lygier her ti		8				Home	maker	40 Marked	- N //	Circa Adiabat		Own_Ho		
and	be fi	Be	17. Father's Name (First, Middle, Las	()						,	rirst, Middi	ө, ма	iden Sumame	3)	
7	should be filed within and Mental Hygiene.  marked other than " umatic event, in Men	L _O	Unknown  19a, Informant's Name/Relationship	(Time Orași)		10h 14-ili			Unknov		Davida Alvem	h C	its as Taura (	Canan Tin	Codel
Maryland	12 sho h and 7 is mu			. ,, . ,			-						ity or Town, S		
<u>0</u>	is 1 and 2 should be filed within 72 hours after death with the Maryla if Health and Mental Hygiene. Item 27 is marked other than "natural", or Iteme 23a or 28a-f show other transfer than "batter transfer the rutilised at other traumatic event, the Modical Experiment and be rutilised at	- 5	Harry Orem/ Husba 20a. Method of Disposition	and	206.	Place of Dispo	sition (N	ame of		Dad,			c. Location - (		d 21701
õ	nt of nt of t: ff it		1 ☑ Burial 2 ☐ Cremation 3 [			cemetery, crer	-		1	0	/10/0/	1		•	
Baltimore,	it. Partme		4 □ Donation 5 □ Other (Special Signature of Funeral Service Lice		Res				Garde s of Facility	ensy/	19/06	) F	rederi	cĸ,	Maryland
Ba	permit. Pages 1 and 2: Department of Health ar Important: If item 27 is any injury or other trau		Indel 8	1 lm		St	auff	er Fu	neraĺ	Home	P. A	A.	riok	Marsi	land 21702
- 400 5-7-1	200		23a. Part1. Enter the disease, or con	nplic vion that	caused the dea									нагу	Approximate
	Obvoision		23a. Part 1. Enter the disease, or complication that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  Immediate Cause (Final												
	Physician /Medical		disease or condition resulting in death)	a. Due to	(or as a conse	guence of):			Be						
-	Examiner				atu	al	100	will	ation	~ -				-	
2.0	164 Spek - 356 1	Der	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	Due to	(or as a conse	quence of): (	)								
	cuted nd ransi	Examiner	that initiated events	C	Cocor	any	ar	Tuy	die	exac					
0	cate be executed ohysician and the burial-transit	E	resulting in death) Last	Due to	(or as a conse	quence of):		0							
8760,	ate b hysic the b	dicai	•	d					-	-		-			
9	ling p	Med	IF FEMALE:	02- 16											
Вох	ath c	lan	23b. Was decedent pregnant in the past 12 menths?	1 Live I	tcome of pregr	tal death 3		pregnancy					23d. Date Mon		ery Day Year
o.	the s	Physician/Me	1 ☐ Yes 2 ☑ No 9 ☐ Unknown	9□ Unkn	nant at time of lown	death 5L	Other (	sреспу)							
Δ.	The law requires that the death certificate has been signed by the attending tage 2 should be detached for use as	F.	Part II. Other significant conditions	contributing to d	leath but not re	sulting in the u	nderlying	cause give	n in Part I.		23e. Did	tobac	co use contri	bute to t	he cause of death?
Records,	uires sign Id be	Completed by	Demen	tia							1	] Yes	2 🗆 No	3 🗌 Prot	pably 4 Unknown
Sor	w requir been si should	ete									24a. Wa	s an	24h W	Jere auto	opsy findings available
Re	he lav s has	E G									aut	opsy forme	d2/ g	rior to co eath?	mptetion of cause of
Vital		ပိ	25. Was case referred to medical						26. Place of	of Dooth A	1 Yes		No 1	☐ Yes	24 No
>	Physician: rthis certific ral director,	0 8	examiner? 1 ☐ Yes 2 ☑ No	Hospital:	Inpatient 2	☐ ER/Outpatier	nt 3 🗆 🛭	OCA Othe					e 6 Othe	r (Specif	fv)
ō	g Phys er this eral dir	<b>-</b>	27. Manner of Death		of Injury oth, Day Year)	28b. Time or	_	28c. Injury Work				_	injury occurre		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
<u>0</u>	Attending r death.  ctor: After by the fune	atio	1 ∰Natural 5 ☐ Pending 2 ☐ Accident investigation		iii, Day Teal)	linjury	М		res 2 □ No	0					
Division	r Atte	Certification:	3 Suicide 6 Could not 4 Homicide determined	4 280. Place	e of Injury - At ling, etc. (Spec		eet, facto	ory, office		28	f. Location City or T			er or Rura	al Route Number,
O	ital or rs afte ral Dir	Cer											,		
	Hospital 24 hours a Funeral I	Medical	29a. Certifier 1 Certifying P	miner: On the b	pasis of examin	nowledge, deat nation and/or in	h occurre vestigatio	d at the tim on, in my op	e, date and inion, death	place, and occurred	d due to the at the time	e caus e, date	se(s) and mar and place, a	nner as s nd due t	stated. o the cause(s)
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	Med	one) 29b. Signature and title of certifier	and mar	ner stated.		2	9c. License	number			29d	Date signed	(Month,	Day, Year)
	F 3 F 8		) A	lager	mv.			Dog	546	36	,		91	19	12006
	Ó		30. Name and address of person who	completed cau	se of death (Ite	em 23a) (Type.	Print)	^					11		TO P
			Dr Sued Hon	ue. 70	10 Mo	ntelo	rine	2 Hu	e, , t	-rea	der	ic	K. I	nd.	21701
783		ate	31. Date filed (Moeth Day, Year)	006 32	egistrar's Sigr	nature	and!	,					7		
-	Regist	rar	J	.000		~ /	-								

State of Maryland / Department of Health and Mental Hygiene 2006 31351 Certificate of Death 2. Date of Death 3. Time of Death 1. Decedent's Name (First, Middle, Last) Month Day SEPTEMBER 8 **Physician** CLYDE ONEY 2006 00:20 A M /Medical 4c. County of Death 4a. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death Examiner KENT CHESTER RIVER HOSPITAL CENTER CHESTERTOWN 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. 8. Date of Birth 02/22/1923 5. Social Security Number Birthplace (State or Foreign Country)
 TTTT **Funeral** Months Days Hours 1∭ M 2□ F 83 Yrs. KY 212-28-4097 Director Usual Residence of Decedent within 72 hours after death with the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits r then "natural", or Items 23a or 28e-f show the Medical Examinar must be notified at 1 ☐ Yes 2X No MD KENT CHESTERTOWN Direct 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 27336 PRESTON LANE 21620 USA Funeral 12. Was Decedent Ever in U.S. Armed Forces? 1 ∑X'es 2 ☐ No If Yes, Give Year or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indian, Black, White, etc. 1 Never Married 2 Married Specify: WHITE Baltimore, Maryland 21215-0036 1 ☐ Yes 2 No Specify: Completed by 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) STEEL WORKER STEEL 11 of Health and Mental Hygie Heam 27 Is marked other Frother treumatic event. 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) s 1 and 2 should be fi Health and Mental H tem 27 Is marked ot WILLIAM PATTON ONEY NANNIE GULLET 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) 27336 PRESTON LANE, CHESTERTOWN, MD 21620 ALVIRA NETTIE ONEY/WIFE Pages 1 ar nent of Heal. nt: If Item 2? 20b. Place of Disposition (Name of cemetery, crematory or other place) Date 20c. Location - City or Town, State 20a. Method of Disposition 1 ☐ Burial 2 X Cremation 3 ☐ Removal from State permit. Page Department of Important: If any Injury or once. CHESAPEAKE CREMATION 09/09/2006 STEVENSVILLE, MD 4 □ Donation 5 □ Other (Specify) 21. Signature of Funeral Service Licensee FELLOWS, HELFENBEIN AND NEWNAM FUNERAL HOME, PA 130 SPEER ROAD, CHESTERTOWN, MD 21620 23a. Part1. Enter the discase, complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onsei and Death Immediate Cause (Final disease or condition resulting in death) InTarchos Physician OCAr WI /Medical to/(or as a consequence of): Examiner SEAJA Oronary Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events Due to (or as a consequence of) Examiner physician and s the burial-transit The law requires that the death certificate be executed resulting in death) Last Due to (or as a consequence of): Completed by Physician/Medical 35 attending for use as 23c. If yes, outcome of pregnancy 1 ☐ Live birth 2 ☐ Fetel death 23d. Date of delivery 23b. Was decedent pregnant 3 Ectopic pregnancy in the past 12 months? Month Day signed by the at d be detached fo 4☐Pregnant at time of death 5 Other (specify) 1 ☐ Yes 2 ☐ No o 9 Unknown 9 ☐ Unknown ď 23e. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Records, 1 Yes 2 No 3 Probably 4 Onknown been si 24b. Were autopsy findings available prior to completion of cause of death?

1 ☐ Yes 2 ☑ No 24a. Was an page 2 s autopsy 2 7 performi certificete 1 Yes 2 No of Vital director, Be 25. Was case referred to medical 26. Place of Death Check only on 200 Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) ٩ 1 🗌 Yes 1 Inpatient Outpatient 3 DOA After thi 28a. Date of Injury (Month, Day Year 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Certification: Vatural 5 Pending 1 ☐ Yes 2 ☐ No 2 Accident within 24 hours after death.

To the Funeral Director: A completely filled in by the fi 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Momicide S Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

[2] Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier (Check only one) 29b. Signature and title of certifier 29d. Date signed (Month, Day, Year) anu M 13 30 Name and address of person who completed wuse of death (Item 23a) (Type, Print) amin 31. Date filed (Month, Day, Registrar's Signature 32 Year) State Registra

DHMH 17 Rev 1/200

			1 - For State Registrar	State of Maryland	d / Depa	artmen rtificat	t of H	ealth a	and M		Reg. No.	200		1352
	Physici		Decedent's Name (First, Middle, Last)     CATHLEEN DORI	s o'CONNEL	L				S	Month EPTEMI	Day	26 20	ar	2:05at
	/Medio Examin		4a. Facility Name (If not institution, give s.	treet and number)		4b. City,	Town, or	Location o				unty of D		<del>.</del>
			22771 McKinley			l		Hall				Cent		
	Funeral Director		5. Social Security Number 6. Sex 215-42-9198	7. Age (In yrs. la	Yrs.	If Under Months		If Under 2 Hours	Min.	8. Date of Birt (Month, Da Dec 12	y, Year) 2 194	9. I 12 No	Birthplace (Sta Country) ew Je:	rsey
	yland sow		10a. State 10b. County	10c. City	, Town or Lo	cation							10d. Insid	le City Limits
,	Ba-f et	ctor	MD Kent	Ro	ck H	a 1 1							10	Yes 2⊠No
	with th	Funeral Director	10e. Street and Number			10f. Zip					10g. Citize		Country?	
	ns 23	erai	22771 McKinley	VIIIE RO.  2. Was Decedent Ever in U.S	S. 13.1		2166		ain? (Spe	cify Yes or No	U.S.		merican India	n,
036	72 hours after death with the Maryland natural; or items 23a or 28a-f ehow disal Examinar must be notified at	þ	1 Never Married 2 Married 3 Widowed 4 Divorced	Armed Forces? 1 ☐ Yes 2€ No If Yes, Give Year or Dates:	1	fYes, spe 1 ☐ Yes			, Puèrto	cify Yes or No Rican, etc.)	1	Black, W	white, etc. Whit	e
21215-0036	is 1 and 2 should be filed within 72 hours after death with the Marylan of Heelth and Mental Hygiene 1 the file marked other treatistics or 28s-1 show item 27 is marked other then "natural", or items 23s or 28s-1 show other treatmetic event. The Medical Examiner must be notified at	Completed	15. Decedent's Educ (Specify only highest grade Elementary/Secondary (0-12)		16a. Dece (Give life.	dent's Usua kind of wo DO NOT u	al Occupa irk done di se retired)	ition uring most	of works	ng	16b. Kind	of Busine	ess/Industry	
2	led wil lygien her th			4	Re	egist		d Nu		457			cic Nu	rsing
Maryland	d be fil	Be	17. Father's Name (First, Middle, Last)	o le			1	18. Mothe Dori		(First, Middle,	Maiden Su	imame)		
Ž	should be and Mental marked o umatic eve	2	James Blacksto  19a. Informant's Name/Relationship (Type		19b. Mailir	ng Address				I Route Numbe	er, City or T	own, State	e, Zip Code)	21661
ž	s 1 and 2 of Heelth al item 27 le other treu		Patrick J. O'Co	nnell (husb	and)	2277	71 M	cKin	ley	ville	Rd.	Rock	t Ha <b>ll</b>	., MD.
Baltimore,	jes 1 t of He if item or oth		20a. Method of Disposition 1 ☐ Burial 2 X Cremation 3 ☐ Re	moval nom State	ace of Dispo metery, crer		_			ate			or Town, Stat	е
Ē	t. Pag ntment ntant: njury		4 □ Donation 5 □ Other (Specify)	Ke	nt Cr					7/06			DE.	
Ba	permit. Pages 1 Department of H Important; if ite eny injury or ot 2002.		21. Sumure Juneral Service Lucance	M0051								pher MD.		chaech 5
à	Physician		23a. Part. Enter the disease, or complic shock, or heart failure. List only on Immediate Cause (Final disease or condition	eations that caused the death e cause on each line.	. Do not ent	er the mod	le of dying	j, such as (	cardiac o	r respiratory ar	rest,			imate I Between and Death
	/Medical Examiner		resulting in death)	Due to (or as a consequ	ence of):									
		-	Sequentially list conditions, if any, leading to immediate	Due to (or as a consequ	ence of):									
12	ransit	Examiner	Cause (Disease or injury that initiated events c.										b	la la
8760,	icate be executed physiclen and s the burial-transit	Icai Ex	resulting in death) Last	Due to (or as a consequ	ence of):									
68	artifical ing phy e as th		IF FEMALE:								-			
P.O. Box	law requires that the death certific se been signed by the attending p 2 should be detached for use as	Physician/Med	23b. Was decedent pregnant in the past 12 months?  1  Yes 2 12 No 9  Unknown	3c. If yes, outcome of pregnar 1 Live birth 2 Fetal 4 Pregnant at time of de 9 Unknown	death 3	Ectopic po Other (sp					236	d. Date of Month	delivery Day	Year
rds, P.	quires that n signed by ald be deta	ρ	Part II. Other significant conditions con	inbuting to death but not resu	Iting in the u	nderlying o	ause give	n in Part I.		23e. Did to		,	e to the cause	
of Vital Records,	The law requir ete hes been si page 2 should	Completed		<del></del>					_	24a. Was autop perio 1 Yes	rmed?/	24b. Were prior death	autopsy findi to completion n? /es 2 No	ngs available of cause of
/ita	ysicien: The is certificate hi director, page	Be	25. Was case referred to medical examiner?						of Death	(Check only o				
ot	문 등 등	2	1 ☐ Yes 2 2 No H		P/Outpatier			4   1901	rsing Hor		lence 6		(pecify)	
o	Attending Physicien: r death. ector; After this certific by the funeral director,	tion	1 Natural 5 Pending 2 Accident investigation	28a. Date of Injury (Month, Day Year)	Injury	' _м   ́	28c. Injury Work 1 □ Y	al ? ′es 2∐h		28d. Describe I	iow injury c	ccurred		
Division	o age ⊆	Certification:	3 Suicide 6 Could not be 4 Homicide determined	28e. Place of Injury - At hos building, etc. (Specify	me, farm, str	eet, factor	y, office			28f. Location (S City or Tox		Vumber or	Rural Route	Number,
	ne Hospital n 24 hours e ne Funeral l hetely filled	Medical (	29a. Certifier (Check only one) Certifying Phys	ician: To the best of my know ar: On the basis of examinati and manner stated.	vledge, deatl ion and/or in	n occurred vestigation	at the time, in my op	e, date and inion, deat	d place, a	and due to the ed at the time,	cause(s) ar date and pl	nd manner ace, and c	r as stated. due to the cau	se(s)
	To the within 2 To the comple	Me	29b. Signature and title of certifier	1			c. License			-	29d. Date s	igned (Mo	onth, Day, Yea	ar)
			> JEANY 5 della	JK			H001	624	23		0	127	106	
	10		30. Name and address of person who con				0 12 == -	h 11.	, ,	ים הם			1 167	2166
	Sta	ite	Jennifer del 31. Date filed (Month, Day, Year)	32 registrar's Signat				п н1	11	ka. Ch	este	rtov	vn, ML	2162
	Registr		OCT 0 3 200		1 60	ME								

			For State Registrar		State of Ma	ryland / [	Departme <i>Certifica</i>	ent of H ate of L	lealth and I Death		iene 200	6 31353
	Physici	an	Decedent's Name	(First, Middle, La	st)					2. Date of Dear Month	h Day Ye	3. Time of Death
	/Medic				ce S. Page					Septemb		06 11:19 A ^M
	Examin	ner		_	re street and number)	_	4b. Ci		Location of Death		4c. County of D	_
_	· · · · · · · · · · · · · · · · · · ·		5. Social Security Nu		e's Hospita	all (In yrs. last bir	thday) If Uni		Cheverly If Under 24 Hrs.	8. Date of Birth	9	e George's  Birthplace (State or Foreign Country)
	uneral irector		579-07-8 Usual Residence of D	3025	1□M 2X1F		Yrs. Month	ns Days	Hours Min.	Sep. 19	, 1917	Virginia
nyland	how			10b. County		10c. City, Tow	n or Location					10d. Inside City Limits
e M		Director	DC						Washin	gton		1 A Yes 2 No
vith th	or 2	Dire	10e. Street and Num				10f.	Zip Code	00010	1	0g. Citizen of What	
eath v	na 23e	eral	42/1 (	Gault Pl	ace, NE 12. Was Decedent E	ver in U.S.	13 Was De	cedent of Hi	20019	pecify Ves or No-		ed States
5-UUSO 72 hours after death with the Maryland	Department or near and wenter rygener.  Department of ream 27 is marked other than "natural", or thams 23e or 28e-f show any injury or other traumatic avent, the Madical Examinar must be notified at Once.	by Funeral	1 Never Marrie		Armed Forces?  1 Yes 2 N If Yes, Give Year or Dates:			specify Cuba	ispanic Origin? (S _I n, Mexican, Puerti Specify:	Rican, etc.)	Black, V	African American
72 ho	natur lical	ted	(Specific	15. Decedent's E y only highest gr	ducation	16a.	Decedent's U	Isual Occupa	ation	king	16b. Kind of Busine	ess/Industry
it it	S W	Completed	Elementary/Secon	dary (0-12)	College (1-4or 5-	+)	lite. DO NO		during most of wor	ung .		
M below	Part of		12t1						Clerk	- (Fire Addition		ernment
	ad of	Be	17. Father's Name (F		, bert Sharpe	2			18. Mothers Nan	ne (First, Middle, I Gracie	(Unknown	)
should Ma	mark	ို	19a. Informant's Nar		<del>_</del> _		. Mailing Addre	ess (Street a	and Number or Ru		City or Town, Stat	
and 2 s	m 27 ts		Rona1d	T. Page/	**		4271 6	Gault	Place, N	E Wash.	, DC 200	119
Pages 1	ant: If Ita ury or ot		20a. Method of Dispo 1	Cremation 3	Removal from State	cemeter	Disposition (fine), crematory of the Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color	or other place	ry  9/22	/2006	20c. Location - City  Brentwo	ood, MD
Danit.	Import any inj		21. Signature of Fun	eral Service Lice	Stewart	TIL	22. Name		,		Funeral H Wash.,	
Phy	ysician		23a. Part 1. Enter the shock, or heart Immediate Ocuse (F disease or condition	failure. List only	oplications that caused one cause on each lin	θ. /		_	g, such as cardiac ythruia	)	est,	Approximate Interval Between Onset and Death
	ledical aminer		resulting in death)		Due to (or as a	consequence			0			
petr	j insit	Examiner	if any, leading to implicate. Enter Underline Cause (Disease or in	nediate ying njury	Due to (or as a	consequence	of):					
<b>58 / 5U,</b> ificate be executed	physiclen and is the burial-transit	cal Exa	that initiated events resulting in death) La	ast	Due to (or as a	consequence	of):					
	g phy as the	edical										
ords, F.O. BOX	been signed by the attending should be detached for use a	Physician/M	IF FEMALE: 23b. Was decedent in the past 12 m 1 Yes 2 M 9 Unknown	nonths?	23c. If yes, outcome of 1□Live birth 24□Pregnant at 9□Unknown	2 ☐ Fetal death	3 □Ectopio 5 □ Other	c pregnancy (specify)		-	23d. Date of Month	delivery Day Year
dS, F.	signed by d be deta	þ	Part II. Other signific	cant conditions	contributing to death bu	t not resulting in	the underlyin	g cause give	en in Part I.			e to the cause of death?  Probably 4 XUnknown
VICAL RECORDS, ician: The law requires	2 5	Completed								24a. Was a autops	y prior	autopsy findings available to completion of cause of
T Lpg	pag.	ပ်								perform		n? Yes 2□ No
VIC	certifi	Be	25. Was case referre examiner?		Hospital:	-		DOA Othe	or	th (Check only on		
ing Phys	n. After this certificate has b funeral director, page 2 s	lon; To	1 ☐ Yes 2 ☒ N 27. Manner of Death 1 ☒ Natural	5 Pending	28a. Date of Injun (Month, Day		Time of njury	28c. Injury Work	4 □ Nursing H		nce 6 Other (5	Specify)
DIVISION OF VICE To the Hospital or Attending Physician:	Viractor:	ertification;	2 Accident 3 Suicide 4 Homicide	investigation 6 Could not be determined	O Diago of Inju	ry - At home, fa . (Specify)	rm, street, fact		Yes 2□No	28f. Location (St City or Town	reet and Number of	r Rural Route Number,
Hospital Hours	within 24 nouts after usar To the Funerel Director: completely filled in by the	edical Ce	29a. Certifier (Check only 2	Certifying P	nysicien: To the best of miner: On the basis of	f my knowledge	death occurr	ed at the tim	ne, date and place	and due to the carred at the time. de	tuse(s) and manne	r as stated.
the h	the I	Med	one) 29b. Signature and ti		and manner star	ted.		29c. License			9d. Date signed (M	
2 3	8 7 8		200. Olgitature and the	5	-	ms		75	79.54			
2/	5)		~ 4 .	/./	completed cause of de	path (Item 23a)	(Type, Print)		70	Л	1-1	5-06 MD 20785
	Sta	ate	DR GARY ( 31. Date filed (Month	Day, Year)	2. Registra	200/ /	DSPITE	Z c	54X	CH	EVERLY,	MD 20785
	Registr			2 0 200	Elecu	K K	cole					

			1 - For State Registrar	State of	Marylan	d / Depa	artment rtificate	t of H	ealth a Death	and M	ental Hy	giene Reg. No	20	06	313	54
	Physici		Decedent's Name (First, Middle Carl Gordon Pt								2. Date of De Month Septem		^y 13	Year 2006	3. Time of E	PM
	/Medio		4a. Facility Name (If not institution		er)		4b. City,	Town, or	Location o	f Death	Берест	-		of Death	0.20	1
			10809 Javins 8				Glen					1	ince	Geor		
Z.	Funeral Director		5. Social Security Number 217–36–5979 Usual Residence of Decedent	6. Sex 7. 1 ☑ M 2 ☐ F	Age (In yrs. 68	last birthday) Yrs.	If Under Months	1 Year Days	Hours	Min.	8. Date of Bir (Month, Da 11/08/	th 1937	,	9. Birthpla Count Washi	nce (State or and state) ngton,	Foreign DC
	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Depertment of Health and Mental Hygiene. Important: If item 27 ie marked other than "natural", or iteme 23e or 28e-f show expirighty or other traumatic event, the Modical Exeminant manal he rollined at once.	Director	10a. State 10b. County	Arundel		y, Town or Lo		Code				10g. Cit	izen of W	10 Vhat Count	d. Inside City 1 ☐ Yes 2	
	23a o		3889 Wueen Anne	Bridge Ro	ad		2103	5				USA				
920	ours after dea al', or iteme Exeminer m	by Funeral	11. Marital Status  1 Never Married 2 Marr 3 Widowed 4 Divorced	If Vac Give	es? ∭No	'	Was Deced f Yes, spec I ☐ Yes 2		spanic Orig n, Mexican Specify:	gin? (Spec , Puerto F	cify Yes or No Rican, etc.)	)-		e - America k, White, e  Whi	tc.	
Baltimore, Maryland 21215-0036	d within 72 ho piene. Ir then "netui Ire Medical	Completed	15. Deceden (Specify only higher Elementary/Secondary (0-12) 12	t's Education st grade completed)  College (1-4)	or 5+)	16a. Deced (Give life. L Maint	kind of wor DO NOT us	k done d e retired)	ition uring most	of workin	g	Mar Cap	ind of Bu yland ital niss:	siness/Indi d Nat Park ion	ional & Pla	nning
yland	ould be file Mental Hyg arked other atic event,	To Be C	17. Father's Name (First, Middle, Carl Preston P								(First, Middle, ryn Phi			ө)		
Mar	12 sho h and 7 le mu traum	H	19a. Informant's Name/Relations Carla Woods/ S								Route Number				Code)	
nore, I	ages 1 and of Heali t: If item 2 f or other		20a. Method of Disposition 1 ☒ Burial 2 ☐ Cremation	3 □Removal from Sta	ate Ce	lace of Dispo emetery, cren Laken	sition (Nam natory or ot NONE	e of her place	9)	Da	enn Dal	20c. Lo	ocation -	City or Tow		
Baltir	permit. P Depertme Importan eny injury once.		4 Donation 5 Other (S		Men		. Name and	Addres	s of Facility	Robe	/2006 ert E. 1 Bowie	Evai	ns Fu	unera		
	Physician		23a. Part1. Enter the disease, or shock, or heart failure. List tmmediate Cause (Finat disease or condition resulting in death)	complications that cause only one cause on each	n line.	Do not ente	er the mode	-		cardiac or		rrest,		1	Approximate interval Betwee Onset and De	
36	/Medical Examiner	-		, muc	as a consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the conseque	- ne	.48L0;	мД								
8760,	death certificate be executed e attending physicien and nd for use as the burial-transit	dical Examine	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last		Z T Z A as a consequ		CAR	D10	VASCI	s WA	2 Dus	8.48	ξ			
О. вох 68	the death certifica y the attending ph ched for use as th	Physician/Medi	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 ☐ Yes 2 ☐ No 9 ☐ Unknown		n 2 ☐ Fetal t at time of de	death 3	Ectopic pre						23d. Date Mon	e of delivery	/ ∂ay Yea	ar
rds, P.	requires that the de een signed by the a hould be detached f	by	Part tt. Other significant condition	ons contributing to death	h but not resu	ulting in the ur	nderlying ca	use givei	n in Part I.						cause of dea	
Vital Records,	The law ete has b page 2 si	Completed										an osy rmed?	Q.	rior to comp eath?	sy findings avoidetion of cau	ailable se of
VII.	Physician: The this certificate ral director, pag	Be	25. Was case referred to medical examiner?	Hospital:				- 7			Check only o				Sister	's
sion of	Attending Physic death.  cotor: After this by the funeral dis	ation; To	1 Yes 2 No  27. Manner of Death  1 Natural 5 Pendin 2 Accident investig	28a. Date of to (Month, in gation		ER/Outpatient 28b. Time of Injury		lc. injury Work	4 □ Nur at ? es 2 □ N	28	e 5 ☐ Resid 3d. Describe h	dence now injur	6 X Other	r (Specify)	Reside	nce
DIVISION	<b>5</b> # 5 = 5	Certification:	3 Suicide 6 Could r 4 Homicide determ	ined 28e. Place of building,	etc. (Specify	")				Avenue de la company	Bf. Location (S City or Tow	vn, State	)			or,
	5 4 7 8 6 4 1 9 6	edical	29a. Certifier 1 Certifyin (Check only 2 Medical one)	g Physicien: To the be Exeminer: On the basis and manner	s of examinat	wledge, death ion and/or inv	occurred a estigation,	t the time in my opi	e, date and inion, death	l place, ar h occurred	nd due to the o d at the time, o	cause(s) date and	and mar place, a	ner as stat	ed. ne cause(s)	
	To the within 2 To the complet	Me	29b. Signature and title of confidence of	11495 - En	yhion	_ rus		License 280						(Month, Da	ay, Year) 16, Zec	6
-	5		30. Name and address of person FRANCIUS A. HICA	who completed cause of	of death (ttem	23a) (Type, 1	Print) BASLL	COUNT	4 5	LITE	206	LA	REO	, uis	2077	4
No. of the last	Sta Registr	_	31. Date fited (Month, Day, Year) SEP 1 8	45 - SHIPWAY 3 Alegi	strar's Signat	ure	W.		1							

			State of Maryland / Department of Health a	and Mei	-	-	•
			1 - Stata Registrar Certificate of Death  1. Decedent's Name (First, Middle, Last)		Reg.	No. 200	6 31355
	Physici /Media		SII7 ABJELL MARY Proctor	2.	Month COG -	Day - 200	
)	Examir		- m	of Death		4c. County of De	
			Doctors Hospital  5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) If Under 1 Year If Under 2	24 Hen la		Prince	
	Funeral Director		5. Social Security Number 6. Sex 1 M 2 (2XF) 7. Age (In yrs. last birthday) If Under 1 Year If Under 2 19 - 78 - 9818 1 M 2 (2XF) 90 Yrs.	Min.	Date of Birth (Month, Day, Ye Une 19	ar) 9. 8	Birthplace (State or Foreign Country) aryland
	D		Usual Residence of Decedent  10a. State 10b. County 10c. City, Town or Location			, , , , , , , , ,	
	within 72 hours atter death with the Maryland ene. than "natural", or iteme 23e or 28e-f show the Medical Examinar must be notified at	ō					10d. Inside City Limits 1 □X(es 2 □ No
	h the	Completed by Funeral Director	10e. Street and Number 10f. Zip Code		10g.	Citizen of What (	Country?
	ath will	rai D	9617 Annapolis Road 20706			USA	
	iteme iteme	une	11. Marital Status  12. Was Decedent Ever in U.S. Armed Forces?  1 □ Never Married 2 ☑ Married  1 □ Never Married 2 ☑ Married  1 □ Yes 2 ☑ No	gin? (Specify , Puerto Ric	y Yes or No- an, etc.)	14. Race - An Black, Wh	nerican Indian, nite, etc.
936	ours at	by	If Yes, Give 1 ☐ Yes X☐ No Specify:			Specify:	lack
5-0	72 hc	eted	15. Decedent's Education (Specify only highest grade completed)  (Give kind of work done during most life. DO NOT use retired)	t of working	16b	. Kind of Busines	
12	within ene. than	dwc	Elementary/Secondary (0-12) College (1-4or 5+) life. DO NOT use retired)  12 Homemaker			Domest	tic
Maryland 21215-0036	e filed al Hyg l other vent,	BeC	17. Father's Name (First, Middle, Last)  18. Mother	r's Name (F	irst, Middle, Maid		
ylaı	ould b Ments arked	To	Thomas Proctor Chri	istia			Proctor
Mar	d 2 sh thand thand 7 tsm		19a. Informant's Name/Relationship ( <i>Type</i> , <i>Print</i> )  19b. Mailing Address ( <i>Street and Number</i> )				
	s 1 an t Heal Item 2 other		Alfonso Proctor/Husband 9617 Annapolis  20a. Method of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name	Date		. Location - City of	
<u>E</u>	Page nent o ant: # ury or		Y□ Burial 2 □ Cremation 3 □ Removal from State 4 □ Donation 5 □ Other (Specify)  Resurrection Cem 9	/20/0	06 C1	inton,	Maryland
Baltimore,	permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylan Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or iteme 23e or 28a-f show any injury or other traumatic event, the Medical Examinar must be notified at once.		21. Signature of Funeral Service Licensee 22. Name and Address of Facility	у			-
	40380		23a. Part1. Enter the disease, of complications that caused the death. Do not enter the mode of dying, such as of	Home	PA, Aq	uasco	
	Physician		Immediate Cause (Final	cardiac or re	spiratory arrest,		Approximate Interval Between Onset and Death
	/Medical		disease or condition resulting in death)  a. Due to (or as a consequence of):				NAYS
ij,	Examiner	-	Sequentially list conditions, b. ("hul Arg H. s				111153
	uted	Examiner	if any, feading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events				/
Ó,	s be executed sician and burial-transit	Exa	resulting in death) Last  Due to (or as a consequence of):				
8760,	<u>w</u> _ w	dicai	d				
9 X	leath certifical attending phy ifor use as th	Physician/Med	IF FEMALE: 23b. Was decedent pregnant 23c. If yes, outcome of pregnancy			23d. Date of de	olivan
.O. Box	death te atte	iciai	in the past 12 months?  1 □ Yes 2 □ No  1 □ Ves 2 □ No  9 □ Unknown			Month	Day Year
<u>a</u> _	res that the de signed by the a be detached f	Phy	9 Unknown 9 Unknown		00- 0:4-1		
Records,	uires t signe Id be o	d by	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  Acute Subjection Condition Myce and ind Marchin		1 Tes		to the cause of death?  Probably 4 Unknown
Ö S S	aw require s been sig 2 should b	plete			24a. Was an	24b. Were	autopsy findings available
	Physician: The lav this certificate has al director, page 2	Completed			autopsy performed	prior to death?	completion of cause of
Division of Vital	certific ector,	Be	Hospital:	of Death (C	heck only one		
ō	Phys er this eral dii	٦: <b>ل</b> و	27. Manner of Death 28a. Date of Injury 28b. Time of 28c. Injury at	1	5 Residence	6 □Other (Sp	ecify)
ion	ath. or: Afte	atio	Month, Day Year) Injury Work?  2 ☐ Accident investigation M 1 ☐ Yes 2 ☐ N	1		,	
<u>Š</u>	2 4 7 6	Certification:	3 ☐ Suicide 6 ☐ Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)	28f.	Location (Street City or Town, St	and Number or F ate)	Rural Route Number,
_	Hospital		29a. Certifier Certifying Physician: To the best of my knowledge, death occurred at the time, date and	d place, and	due to the cause	(s) and manner:	ar stated
	To the Hospital of within 24 hours at To the Funeral D completely filled in	edical	(Check only one) Madical Examiner: On the basis of examination and/or investigation, in my opinion, death and manner stated.	h occurred a	it the time, date a	and place, and du	e to the cause(s)
	To the within 2 To the complet	Σ	29b. Signature and title of certifier	,	29d, [	Date signed (Mor	nth, Day, Year)
į.			30, Name and address of person who completed cause of death (Item 23a) (Type, Print)	/	9-	-13-6	006
1	DB.5		Richard J. Felding in 9500 Arings., No	Ca	ala in	-15-2 0 total	4
1000	Sta Registr		31. Date filed (Month, Day, Year) SEP 1 9 2006 SEP 1 9 2006				

			1 - For State Registrar	State of Maryl		epartment of Certificate			Re	g. No. 2	006	3135
	Physicia /Medic Examin	al	1. Decedent's Name (First, Middle, L Susan 4a, Facility Name (If not institution, g	E. Pr	yor	4b. City, To	wn, or Location of	!	Date of Death Month	Day 14 4c. County	Year 06 of Death	3. Time of Death 2330 M
	Funeral Director		219-56-8401	a act	yrs. last birtho	Months D	rear If Under 2 Pays Hours	24 H/s. 8. 0 Min. 4/	Date of Birth Month, Day, 1/1951	Year)	9. Birthpl: Count Mary	ace (State or Foreign try) 1and
more, maryian	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Heath and Mental Hygiene. Important: If term 27 is marked other than "natural; or itema 23a or 28a-1 ehow any injury or other traumatic event, the Modical Examinar must be notified at 80ce.	To Be Completed by Funeral Director	Usual Residence of Decedent  10a. State  10b. County  Maryland  10c. Street and Number  807 W. Morris  11. Marital Status  1 Never Married  2 Married  3 Widowed 4 Divorced  15. Decedent's  (Specify only highest of Specify only highest of Smith Status  17. Father's Name (First, Middle, Lawilliam Carl Smith Smitherine Smith Smitherine Smith Smitherine Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Smith Sm	Leonard Road  12. Was Decedent Ever Armed Forces? 1   Yes 2   Xes   1   Yes 2   Xes   1   Yes 3   Xes   1   Yes Give   Year or Dates:  Education rade completed)  College (1.4or 5+)  ith  (Type, Print) n/mother    Removal from State	16a. Do (G) Te	10f. Zip Co 2.  3. Was Deceden If Yes, specify 1 Yes, 22  3. Was Decedent's Usual Co ive kind of work of e. DO NOT use of eacher  ailing Address (S 30938 Mo sposition (Name crematory or othe LCO Memori	t of Hispanic Orig Cuban, Mexican No Specify: Occupation fone during most etired)  18. Mother Kat treet and Number Orris Le	of working  r's Name (Fir herine  r or Rural Ro conard  Date  9/19/0	Yes or Non, etc.)  1. Ext. Middle, Mic. M. Le	Salisk	what Count  ce - America ck, White, e  white  usiness/ind  LOn  state, Zip o  iry , M  city or Tow  coury ,	an Indian, stc.  ustry  Code) 1D 21801  wn, State
	law requires that the death certificate be executed TEMPAGE as been signed by the attending physicien and Capical and Capical Should be detached for use as the burial-transit at 19 min	edicai Examiner	23a. Part1. Enter the disease, or co shock, or heart failure. List on Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	mplications that caused the control one cause on each line.  a	sequence of):		w Hill F	cardiac or res				Approximate Interval Between Onset and Death
T.O. BOX	res that the death certific; igned by the attending pt be detached for use as t	Physician/Med	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 □ Yes 2 □ No 9 □ Unknown  Part II. Other significant conditions	23c. If yes, outcome of pre 1	Fetal death of death	3 ☐ Ectopic pregr 5 ☐ Other (special	fy)		23e Did toba	Mo		y Day Year e cause of death?
ב	The law requires t ete has been signe page 2 should be o	Completed by	•						1 ☐ Yes : 24a. Was an autopsy perform	22No 24b.	3 Proba Were autop prior to com death?	ubly 4 Unknown usy findings available apletion of cause of
	ician: sertific ector.	Be	25. Was case referred to medical examiner?	Honoitali V				of Death (Ch	eck only one,	)		
5	Physi this c al dir	2	1 Yes No		2 ER/Outpa				5 Residen			)
INISION	or Attending I fler death. irector: After n by the funer	Certification:	27. Magner of Death Natural 5   Pending investigat 3   Suicide 4   Homicide 6   Could not determine	be 200 Blood of Injury	At home, farm	М	Injury at Work? 1 ☐ Yes 2 ☐ N	No 28f. L	Describe how  Location (Stre City or Town,	et and Numi		Route Number,
נ	To the Hospital or Attending Physician: The law within 24 Hours after death.  To the Funeral Director: After this certificate has completely filled in by the funeral director, page 2.	Medical Ce	one)	Physician: To the best of my aminer: On the basis of exar and manner stated	knowledge, d	r investigation, in	my opinion, deat	d place, and o	t the time, dat	e and place,	and due to	the cause(s)
	Veith Com	₹	29b Signature and title of certifier  30. Name and address of person wh	o completed cause of death	N D (Item 23a) (Tr	1	26	78	1	d. Date signe	-	) 7/852
	Sta Begistr		31. Date filed (Month, Day, Year)	32. Registrar's S	1 Hos,	one Po	Box 1	733	Sim	lis	NIC	71852

State of Maryland / Department of Health and Mental Hygiene 20063 | 357 1 - State Registrar Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** 16, 2006 8:55 A. M Judith Lee Richardson September /Medical 4a. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Prince Georges Bowie Health Center Bowie Hours Min. (Month, Day, Year)

July 19, 19 5. Social Security Number If Under 1 Year **Funeral** 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) Months Days 1 M 2 X Yrs. Director 215-38-6148 66 1940 Maryland Usual Residence of Decedent Maryland 10c. City, Town or Location 10a State 10b. County 10d. Inside City Limits ir then "natural", or items 23a or 28a-f ehov the Medical Examinar must be notified at tyE Yes 2 □ No Directo Prince Georges Bowie 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1600 Portland Lane 20716 USA by Funerai filed within 72 hours after death 12. Was Decedent Ever in U.S. Armed Forces?

1 Yes 2 XNo Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11. Marital Status 1 Never Married 2 Married Baltimore, Maryland 21215-0036 Specify: White 1 ☐ Yes 2 ☑ No Specify: If Yes, Give Year or Dates: 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) Decedent's Education 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within 7. Department of Health and Mental Hygiene. Important: If Item 27 is marked other then "ne eny injury or other traumatic event, If a Media 2008. (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) US Gov't. Import Quota Specialist 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Evelyn Worthington Raymond E. Anderson 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Robert W. Richardson- Husband 1600 Portland Lane, Bowie, Maryland 20716 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 09-20-06 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Lakemont Memorial Gardens Davidsonville, Maryland 22. Name and Address of Facility 21. Signature of Funeral Service Lige Beall Funeral Home 6512 N.W. Crain Hwy., Bowie, Maryland 20715 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final Physician Pulmonary embolism 1 day disease or condition resulting in death) /Medical Due to (or as a consequence of): Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events Due to (or as a consequence of) Examiner anding physicien and use as the burial-transit the Hospital or Attending Physician: The law requires that the death certificate be executed resulting in death) Last Due to (or as a consequence of): Box 68760 Physician/Medical IF FEMALE: 23c. If yes, outcome of pregnancy 1 ☐ Live birth 2 ☐ Fetal death 23d. Date of delivery 23b. Was decedent pregnant 3 Ectopic pregnancy in the past 12 months? 1 ☐ Yes 2 No Month Day Year 4☐Pregnant at time of death 5 Other (specify) Division of Vital Records, P.O. 9 Unknown 9 Unknown Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? þ 1 Yes 2 No Completed 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed 1 Yes 2 No 1 ☐ Yes 2 ☐ No : After this certification of funeral director. 25. Was case referred to medical Be 26. Place of Death Check only one Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 No 2 P/Outpatient 3 DOA 1 🗌 Inpatient 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending death. I Director: A investigation М 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) filled in by Location (Street and Number or Rural Route Number, City or Town, State) within 24 hours after To the Funeral Direct 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29a. Certifiei Medical 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 4400 6 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Bi Andrew S. Dobin, M.D. 4175 N. Hanson Ct. #203A Bowie, MD. 32. Registrar's Signature filed (Month Day Year) State Registrar

			1 - For State Registrar	State of Mary	and / Depa	artment ortificate	of He	ealth and leath	Mental Hy	giene ,	/	6 31358
	Physic /Medi Examir	cal	1. Decedent's Name (First, Middle, Last  RUH)  4a. Facility Name (If not institution, give	senstein		4b. City, To	wn, or L	ocation of Deat	2. Date of Domestin	Day	Year 200 ounty of Dea	607.20AM
	LAGIIII	161	Montgomery Genera	1 Hospital		01n	еу				ontgon	
4	Funeral Director		5. Social Security Number 6. Se 308-26-8554	x 7. Age (In	yrs. last birthday) 90 Yrs.	Months D	Year Days	Hours Min.	8. Date of Bi (Month, Di June 23	ay, Year)	C	rthplace (State or Foreign country)
	and		Usual Residence of Decedent  10a, State 10b, County	100	. City, Town or Lo	cation		·		•		10d. Inside City Limits
	Maryl of eho	tor	Maryland Montgome		Silver		g					1 ☐ Yes 2 X No
	th the	Director	10e. Street and Number			10f. Zip Co				10g. Citize	n of What C	country?
	ath wi		14510 Homecrest Ro				0906			United	1 Stat	es
920	d within 72 hours after death with the Maryland jene. r than "natural", or items 23a or 28a-f ehow the Medical Examinar must be notified at	by Funerai	11. Marital Status  1 Never Married 2 Married  3 Widowed 4 Divorced	12. Was Decedent Ever Armed Forces? 1 Tyes 27 No If Yes, Give Year or Dates:		Was Deceden If Yes, specify 1 ☐ Yes 🍇		panic Origin? (S Mexican, Puerl Specify:	ipecify Yes or Note Rican, etc.)		. Race - Am Black, Whi pec <i>ify;</i> wh	
5-0	72 ho	eted	15. Decedent's Edu (Specify only highest grad	ication le completed)	16a. Dece	dent's Usual C	Occupation	on ring most of wo	rkina	16b. Kind	of Business	s/Industry
2121	a filed within it Hygiene. other than "	Completed	Elementary/Secondary (0-12)	College (1-4or 5+)	Cash	DO NOT use i	retired)	•		Truc	cking	
Maryland 21215-0036		To Be C	17. Father's Name (First, Middle, Last)  Morris Bur	nstein			1		ne (First, Middle 1 Golds		ımame)	
Man	es 1 and 2 should b of Health and Ment fitem 27 ie marked ir other traumatic		19a. Informant's Name/Relationship (Ty						ural Route Numb	-		. ,
ď.	Health Health tem 2		Paul Rosenstein, S 20a. Method of Disposition		b. Place of Dispo cemetery, crer				201, Ch			, MA 02467
MO	Pages mit: if i		1 XBurial 2 ☐ Cremation 3 X F 4 ☐ Donation 5 ☐ Other (Specify)	Somo var morn Otato					.5/06			olis, IN
Baltimore,	permit. Pages 1 Department of H Important: if ite any injuty or ot ang.		21. Signature of Funeral Service Licens	96	22	. Name and A	Address	of Facility	Funeral		Hanap	orra, in
	80559		23a. Part1. Enter the disease, or complete the chart failure. List only a								ı, DC	20012
	Physician /Medical Examiner	_	Immediate Cause (Final disease or condition resulting in death)	Due to (or as a con	Sepsisequence of):	S M	t aying,		i U.A			Approximate Interval Between Onset and Death  4 ddu
8760,	death certificate be executed e attending physician and nd for use as the burial-transit	dical Examine	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	Due to (or as a con  Due to (or as a con		,						
.O. Box 6	death certiff e attending od for use as	Physician/Me	IF FEMALE: 23b. Was decedent pregnant in the past 12 months2 1 ☐ Yes 2 ☐ NO 9 ☐ Unknown	3c. If yes, outcome of pre 1 □ Live birth 2 □ F 4 □ Pregnant at time of 9 □ Unknown	etal death 3	Ectopic pregr Other (special				230	d. Date of de Month	livery Day Year
ds, P	8 5 6	by	Part II. Other significant conditions con	ntributing to death but not	resulting in the ur	nderlying caus	e given	in Part I.				o the cause of death?
COL	w require s been si should t	oiete							24a. Was			utopsy findings available
al Re		Completed							auto		prior to death? → 1 □ Yes	completion of cause of
<u> </u>	Physician: Th r this certificate ral director, pag	Be	25. Was case referred to medical examiner?	lospital:			OH		th Check only			
of	g Phys er this eral dii	n: To	27. Manner of Death	28a. Date of Injury	2 ER/Outpatien 28b. Time of		Injury at Work?		ome 5 Resi			ecity)
ion	endin sath. or: Aft he fun	atio	1 Natural 5 Pending 2 Accident investigation	(Month, Day Year	) Injury	м		s 2 🗆 No				
Division of Vital Records,	To the Hospital or Attending I within 24 hours after death. To the Funeral Director: After completely filled in by the funer	Certification:	3 ☐ Suicide 6 ☐ Could not be 4 ☐ Homicide determined	28e. Place of Injury - A building, etc. (Sp.	t home, farm, streecify)	eet, factory, of	fice		28f. Location ( City or To	Street and N wn, State)	lumber or Ri	ural Route Number,
	Hospita 24 hours Funeral	edical	29a. Certifier 1 ☐ Certifying Phys (Check only one) 2 ☐ Medical Examin	sician: To the best of my	knowledge, death iination and/or inv	occurred at the	he time, my opini	date and place ion, death occu	, and due to the rred at the time,	cause(s) and pla	d manner as	s stated. e to the cause(s)
	To the within 2 To the complet	Med	29b. Signature and title of certifier	and manner stated.			cense n					h. Day, Year)
	0		* A chol	SO	49		41	850		00	1/13	3/06
			30. Name and address of person who co	mpleted cause of death (			e P	hilip D	rive, 0	lnev.	MD 2	0832
\$100 1887 1887 1887 1887	Sta Registr		31. Date filed (Month, Day, Year) SEP 19 2	32. Agistrar's Si		arke				,		

State of Maryland / Department of Health and Mental Hygiene 2006 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Dav **Physician** RAMEZAN RADMANESH ALT SEPTEMBER 16, 2006 1400 /Medical 4a. Facility Name (If not institution, give street and number) 4c. County of Death Examiner 4b. City. Town, or Location of Death SUBURBAN HOSPITAL MONTGOMERY BETHESDA Hours Min. 8. Date of Birth (Month, Day, Year) NOV. 28, 1933 If Under 1 Year 5. Social Security Number 6. Sex 7. Age (In vrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Days 1⊠M 2□F Director 72 217-60-2258 IRAN 1933 Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 X Yes 2 No Director MARYLAND MONTGOMERY POTOMAC 10e. Street and Number 10f. Zip Code 10g, Citizen of What Country? 238 9321 BELLE TERRE WAY 20854 Funerai U.S.A. 12. Was Decedent Ever in U.S. Armed Forces? 14. Race - American Indian, 13. Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status Black White etc. 1 Yes 2 No If Yes, Give Year or Dates: 1 Never Married 2 Married 5 Maryland 21215-0036 1 ☐ Yes 2 ☐ No Specify. ğ 3 ☐ Widowed 4 ☐ Divorced WHITE natural Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 5+ PHYSICIAN t and 2 should be filed w Health and Mental Hygier tem 27 le marked othar th MEDICAL 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) MOHAMED BATOOR KOOSHKI 19a, Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) permit. Pages 1 and 2 s
Department of Health ar
Important: if Item 27 ie
any injury or other trau DR. RAMY RADMANESH/SON 9321 BELLE TERRE WAY, POTOMAC, MARYLAND 20854 Baltimore, 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) PARKLAWN MEMORIAL PARK 09/20/2006 ROCKVILLE. MARYLAND 22. Name and Address of Facility
HINES-RINALDI FUNERAL HOME, INC.
11800 NEW HAMPSHIRE AVENUE, SILVER SPRING, MARYLAND 20904 21. Signature of Funeral Service Licensee 23a. Part1. Enter the disease, or complications that caused the eath. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) Pnysician CEREBROVASCULAR DISEASE /Medical Due to (or as a consequence of): Examiner CORONARY ARTERY DISEASE S quentially list conditions if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): Examiner burial-transit Due to (or as a consequence of): 68760, the attending physician Physician/Medical use as the Box IF FEMALE 23c. If yes, outcome of pregnancy
1 ☐ Live birth 2 ☐ Fetal death 23d. Date of delivery 23b. Was decedent pregnant 3 ☐ Ectopic pregnancy in the past 12 months? 1 ☐ Yes 2 ☐ No jo Month Day 4□Pregnant at time of death 5 Other (specify) o 9 Unknown ate has been signed by page 2 should be detact Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? 2 Records, 1 Yes 2 No 3 Probably 4 Unknown Completed 24b. Were autopsy findings available prior to completion of cause of death?

1 ☐ Yes 2 ☐ No autopsy performed? 1 Yes 2XNo Vital After this certification funeral director. 25. Was case referred to medical Be 26. Place of Death | Check only one | examiner? Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) ဥ 1 X Yes 2 No 1 ☐ Inpatient 2 ☑ ER/Outpatient 3 ☐ DOA 5 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Certification: Division 1 Natural 5 Pending To the Hospital or Attendii within 24 hours after death.
To the Funeral Director: A completely filled in by the fu death. 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Place of fnjury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) May, D51916 SEPTEMBER 17, 2006 30. Name and address of person who completed cause of deat (Item 23a) (Type, Print) 11119 ROCKVILLE PIKE, G-100, ROCKVILLE, MARYLAND 20852 PATRICIA TOMSKO NAY, M.D., 31. Date filed (Month, Day, Year) 32. Registrar's Signature State SEP 19 2006 Registrar

09/16/2006

admones

State of Maryland / Department of Health and Mental Hygienes 31360 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death sept 15 2006 Year **Physician** Marjorie Duley Rawlings 1849 /Medical 4c. County of Death 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death Examiner Calvert Prince Frederick Calvert Memorial Hospital If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** 1□M 2QF 214-16-7322 86 YES Director July 29,1920 | Maryland Usual Residence of Decedent with the Maryland 10b. County 10c. City, Town or Location 10a. State 10d. Inside City Limits or Items 23a or 28a-f show permit. Pages 1 and 2 should be filled within 72 hours after death with the Maryla Department of Health and Mental Hyglene. Important: If item 27 is marked other than "natural", or Items 23a or 28a-1 show any injury or other traumatic event, the Madical Examinational be published at once. 1 ☐ Yes 2 ₩ No Directo Maryland Calvert Prince Frederick 10e. Street and Number 10g. Citizen of What Country? 10f. Zin Code 20678 United States 2555 German Chapel Road 14. Race - American Indian, Black, White, etc. 12. Was Decedent Ever in U.S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status 1 Yes 2 No If Yes, Give Year or Dates: 1 Never Married 2 Married Baltimore, Maryland 21215-0036 1 ☐ Yes 2√2 No by Specify white 3 □Widowed 4 □ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Coflege (1-4or 5+) Secretary Co-op Extension Service 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be James Wesley Duley Julia Rosa Murray 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2555 German Chapel Road Prince Frederick MD 20678 Thomas C. Rawlings, Jr. - son 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 □ Burial 2 □ Cremation 3 □ Removal from State 4 □ Donation 5 □ Other (Specify) Asbury Cemetery Sept 20 2006 Barstow Maryland 21. Signature of Funeral Service Licensee 22. Name and Address of Facility Rausch Funeral Home 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest.

23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest.

23b. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest.

23c. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) **Physician** Myocardial Infarction /Medical Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Examiner Due to (or as a consequence of) physician and s the burial-transit or Attending Physician: The law requires that the death certificate be executed Due to (or as a consequence of) Box 68760 Be Completed by Physician/Medical for use as the IF FEMALE: 23c. If yes, outcome of pregnancy
1 ☐ Live birth 2 ☐ Fetal death 23b. Was decedent pregnant 23d. Date of delivery 3 DEctopic pregnancy in the past 12 months? 1 ☐ Yes 2 🔀 No Month Day Year 4□Pregnant at time of death 5 ☐ Other (specify) 0 9 Unknown Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? Division of Vital Records, 1 ☐ Yes 2 ➡ No 3 ☐ Probably 4 ☐ Unknown CAD 24b. Were autopsy findings available prior to completion of cause of death? Diabetes 24a Wasan 1 ☐ Yes 2€ No 1 Yes 2 No 25. Was case referred to medical examiner? 26. Place of Death Check only one Hospital: 1 Inpatient Other: 4 Nursing Home 5 Residence 6 Other (Specify) Yes 2 No Certification: To 2 ☑ ER/Outpatient 3 DOA 28c. Injury at Work? 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred After 1 Natural 5 Pending Injury after death. 1 Tes 2 No investigation 2 Accident the 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 281. Location (Street and Number or Rural Route Number, City or Town, State) filled in by 4 🗌 Homicide within 24 hours a To the Funeral L Hospital 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) 29a. Certifier Medicai completely (Check only one) and manner stated. ţ 29d. Date signed (Month, Day, Year) 29c. License number 29b. Signature and title of certifier D0052242 September 15 2006 30. Name and address of person who completed cause of death (ftem 23a) (Type, Print) Joseph J. Barth MD III 110 Hospital Rd. Suite 310 Prince FRederick MD 20678 31. Date filed (Month, Day, Year) 32. Registra/s Signature State 2006 Registrar 9

/Medic Examin

**Funeral** Director

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. importent: if item 27 is marked other then "natural", or items 23e or 28e-f show san highry or other traumatic event, the Medical Examinar must be notified at once.

Baltimore, Maryland 21215-0036

**Physician** /Medical Examiner

s certificete hes been signed by the attending physicien and lirector, page 2 should be detached for use as the burial-transit To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours after death.

To the Funeral Director: After this certific completely filled in by the funeral director. 20

Division of Vital Records, P.O. Box 68760,

in al	C1yde	e A. Ra	aleigh								Septem	ıber ^o	15, Y	2ენ0€	10:30A	VI
er	4a. Facility Name (I Chester		n, give street and nu Manor	ımber)					Location o			4	c. County of ( Kent			
	5. Social Security N 218-34-79	915	6. Sex 1 ☑ M 2 ☐ F	7. Age	(In yrs. last bii 67	thday) Yrs.	If Under Months	r 1 Year Days	If Under Hours	24 Hrs. Min.	8. Date of B	inth 1938	9.	Birthpla Count	ace (State or Foreig MD	חק
tor	Usual Residence of 10a. State MD	10b. County	ent		10c. City, Tow									10	d. Inside City Limit	
ai Direc	10e. Street and Nut 23086 Ra		Road				1	620		_			itizen of Wha	t Count	ry?	
To Be Completed by Funeral Director	11. Marital Status 1 □ Never Marr 3 □ Widowed		If Yes G	orces? 2∰N ive		If	/as Dece Yes, spe ☐ Yes	cify Cuba	spanic Ori n, Mexicar Specify:	, Puerto	ecify Yes or N Rican, etc.)	0-	14. Race - Black, N	White, e	tc.	
ompieted	(Spec	ify only highe	nt's Education st grade completed, College (		+)	(Give k life. D	aind of wo ONOT u	al Occupa ork done o se retired ngine	luring mos )	t of work	ing		Kind of Busin			
o Be C	17. Father's Name Charles		-						18. Mothe		(First, Middle Thrift		n Sumame)			
_	19a. Informant's Na Elinor H		ship (Type, Print) eigh/wife								Al Route Numb Chester					
	20a. Method of Disposition 1 Burial 2 Donation		3 □Removal from	State	20b. Place o cemete Chesa	ry, crem	atory or c	other place			Date 16/2006		ocation - Cit			
	21. Signature of Fu	Ineral Service	Licensee			Fe 13	Name ar 11ow 30 Sp	nd Addres 7s, H eer	s of Facilit elfer Road,	beir Che	and Nesterto	ewna wn,	m Fund MD 210	ra1	Home, P.	A
	23a. Part 1. Enter to shock, or hea Immediate Cause disease or condition resulting in death)	rt failure. Lisi (Final	r complications that only one cause on the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the name of the	each line	the death. Do e.  - h a g c	_ <			g, such as	cardiac o	or respiratory a	arrest,			Approximate Interval Between Onset and Death	
cian/Medical Examiner	Sequentially list co if any, leading to in cause. Enter Unde Cause (Disease or that initiated events resulting in death) I	injury	b. ————————————————————————————————————	(ui as a	consequence	of).									•	
an/Medica	IF FEMALE: 23b. Was deceden		d. 23c. If yes, ou		of pregnancy	3 □	Ectopic p	regnancy		-			23d. Date of			
2	in the past 12 1 ☐ Yes 2 ☐ 9 ☐ Unknown	□No		nant at t	ime of death		Other (sp						Month		Day Year	
Completed by Ph	Part II. Other signif	ficant conditi	ons contributing to a	† Cl	t not resulting in	o the und	Hertying o	ause give	n in Part I.	tropl	9 10	Yes 2		Proba	cause of death?	n
	ar was										1□ Yes	ormed?	prior	to com	sy findings available pletion of cause of	9
Be	25. Was case refer examiner?	rea ta medica	1		· · · · · · · · · · · · · · · · · · ·			lou.		of Death	Check only	one)				_
sation: To	1 ☐ Yes 2 2 27. Manner of Death 1 2 ☐ Accident	h 5 □ Pendii investi	28a. Date (Mon gation	Inpatien of Injury oth, Day	/ 28b.	tpatient Fime of njury		28c. Injury Work	4 Nu		me 5 Res 28d. Describe			Specify)		Returnist?
Certifi	3 ☐ Suicide 4 ☐ Homicide	6 □ Could determ	nined 286. Place		ry - At home, fa . (Specify)	rm, stre	et, factory	y, office			28f. Location ( City or To			r Aural	Route Number,	
Medical Certification:	29a. Certifier (Check only one)	Certifying 2 Medical	ng Physicien: To the Examiner: On the b and mar	asis of	examination an	dor inve	occurred	at the tim , in my op	e, date an inion, dea	d place, a	and due to the ed at the time,	cause(s , date an	s) and manne nd place, and	r as sta due to t	ted. he cause(s)	

State Registrar 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

32. Registrar's Signature

Stodda.

e:1

31. Date filed (Month, Day, Year)

D 50996

State of Maryland / Department of Health and Mental Hygiene 2006 For Stata Registra Certificate of Death 2 Date of Death Decedent's Name (First, Middle, Last) **Physician** Ritchie 26-2006 Catherine /Medical 4b. City, Town, or Location of Death 4a. Facility Name (If not institution, give street and number) 4c. County of Death Examiner Allegany Cumberland 410 Furnace Street If Under 1 Year If Under 24 Hrs. 8. Date of Birth Aug 7, 1922 Birthplace (State or Foreign Country) 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** Months Days Hours 1□M 2□F Yrs Director 215-20-7320 Usual Residence of Decedent Pages 1 and 2 should be filed within 72 hours after death with the Maryland nent of Health and Mental Hygiene. Int: If itam 27 ie marked other then "neturel", or Items 23a or 28e-f show 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits or other traumatic event, the Medical Examiner quat be notified at Cumberland Allegany MD Y□ Yes 2 No Completed by Funeral Director 10e. Street and Number 10g. Citizen of What Country? 10f. Zip Code **USA** 410 Furnace Street 21502 12. Was Decedent Ever in U.S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes of No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indian, Black, White, etc. 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0036 1 Yes 2 No Specify: Specify: white 3√ Widowed 4 □ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) own home homemaker 12 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Bertie Mae (Grimes) Hardy Ralph M. Hardy 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)

110 Furnace Street Cumberland MD 21502 19a. Informant's Name/Relationship (Type, Print) daughter Arline Mencer 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 20a Method of Disposition 1 X Burial 2 ☐ Cremation 3 ☐ Removal from State permit. Page Department of Important: If eny injury or once. Mt. Tabor Cemetery 9/29/2006 MD Spring Gap 4 Dopation 5 Other (Specify) 21. Sign tur of Funeral Service Li 22. Name and Address of Facility Scarpelli Funeral Home, PA 108 Virginia Avenue: Cumberland, MD 21502 . Part / Enter the disease, or combications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final onnes **Physician** disease or condition resulting in death) 6. m /Medical Que to (or as a consequence of) Examiner Sequentially list conditions, if any, leading to mine date cause. Enter Underlying Cause (Disease or injury Citia to (Gras a nonsequence of) Examiner use as the burial-transit Hospital or Attanding Physician: The law requires that the death certificate be executed that initiated events resulting in death) Last Due to (or as a consequence of) P.O. Box 68760. Physician/Medical IF FEMALE: 23c. If yes, outcome of pregnancy 1 Live birth 2 Fetal death 23d. Date of delivery 23b. Was decedent pregnant 3 Ectopic pregnancy in the past 12 months? Year Month Day 4☐Pregnant at time of death 5 Other (specify) been signed by the s should be detached t 9 Unknown 9 Unknown Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? Division of Vital Records, Medical Certification; To Be Completed by 1 ☐ Yes 2 ☐ Nor 3 ☐ Probably 4 ☐ Unknown 24b. Were autopsy findings available prior to completion of cause of death?

1 ☐ Yes 2 ☐ No page 2 autopsy performed? 1 Yes 2 -No : After this certifica e funeral director, r 25. Was case referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 100 1 Inpatient 2 ER/Outpatient 3□ DOA 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 ANatural 5 Pending within 24 hours after death. To the Funeral Diractor: A 1 ☐ Yes 2 ☐ No investigation 2 Accident 3 Suicide 6 Could not be 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) filled in by 4 Homicide 29a. Certifiei 1 🗲 certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. (Check only 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. To the } 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifier DUU17565 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) MD AJBOILING 922 32 Registrar's Signature 31. Date filed (Menth, Day, Year) mark! State OCT 0 3 2006 1000 Registrar

State of Maryland / Department of Health and Mental Hygiene For State Registrar Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Day Year Month **Physician** Laura Christian Sullivan September 14 06 7:28pm /Medical 4c. County of Death 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death FORT WASHINGTON

If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Day, Year)

1400ths | Days | Hours | Min. | JUNE | 28, 1 Examiner 5810 EVERHART PLACE PRINCE GEORGES 9. Birthplace (State or Foreign 7. Age (In yrs. last birthday) 5. Social Security Number **Funeral** 1 ☐ M XX F 1950 WASHINGTON, DC 56 Director 150 40 9036 Usual Residence of Decedent the Maryland 10a. State 10c. City, Town or Location 10d. Inside City Limits permit. Pages 1 and 2 should be filed within 72 hours after deeth with the Marylan Department of Health end Mental Hygiene. Important: If Item 27 is marked other than "natural", or Items 23a or 28e-f show any injury or other traumatic avent, the Maddal Examiner must be notified at once. 10b. County TXXYes 2 No Director PRINCE GEORGES FORT WASHINGTON MID 10g. Citizen of What Country? 10e. Street and Number UNITED STATES 5810 EVERHART PLACE Funeral Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, 11. Marital Status 12. Was Decedent Ever in U.S. Armed Forces? Black, White, etc. 1 ☐ Yes [X] No If Yes, Give Year or Dates: 1 ☐ Never Married ŽXMarried Baltimore, Maryland 21215-0036 1 ☐ Yes XX No Specify: Specify: BLACK Š 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) 3 YRS. HUMAN RESOURCES SPECIALIST LIBRARY OF CONGRESS 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be BENJAMIN CHAPLINE CYNTHIA RICE ပ္ 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5127 TEMPLE HILL RD. TEMPLE HILL, MD 20748 EBONY WHITE / DAUGHTER 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 20a. Method of Disposition Burial 2 Cremation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) CEDAR HILL CEMETERY 09/21/2006 SUITLAND, MD 22. Name and Address of Facility TAYLOR FUNERAL HOME 21. Signature of Funeral Service Licensee 1722 NORTH CAPITAL ST. NW WASHINGTON, DC 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) Enysician a Metastatic Lung /Medical Due to (or as a consequence of Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying cause, Unsease or mileny that initiated events resulting in death) Last Due to (or as a consequence of): Examine The law requires that the death certificate be executed ettending physiclen and for use es the burial-transit Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760 Physician/Medical IF FEMALE 23c. If yes, outcome of pregnancy 1 ☐ Live birth 2 ☐ Fetal death 23d. Date of delivery 23b. Was decedent pregnant 3 □Ectopic pregnancy Month Day in the past 12 months? 1 ☐ Yes XX No Year 4 Pregnant at time of death 5 Other (specify) signed by the e 9 Unknown Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? δ 1 ☐ Yes 2 ☐ No 3 ☐ Probably X ☑ Unknown Breast Cancer nis certificete has been si I director, page 2 should Completed 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an High blood Pressure autopsy performed? 1 ☐ Yes 2 ☐ No 1 ☐ Yes XX No Hospitel or Attending Physician: Be 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home SXResidence 6 Other (Specify) XX Yes 2 □ No Certification; To this After thi 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 27. Manner of Death XX Natural 5 Pending 1 ☐ Yes 2 ☐ No filled in by the fo 2 Accident investigation 6 ☐ Could not be 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide determined To the Hospitel within 24 hours e To the Funeral Completely filled t Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a Certifier 29c. License number 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifier 060927 9/15/2006 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 6104 Old Brunch Ave Temple Hills MD 20148 Year wheng Jeong 31. Date filed (Month, Day, Year) 32. Registrar's Signature State SEP 2 0 2006 Registrar DHMH 17 Rev 1/2001

Please Type or Print in Black Indelible Ink. Ensure All Copies Are Legible.

**ORIGINAL** 

Please Type or Print in Black Indelible Ink. Ensure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene For State Registra 31364 Certificate of Death Reg. No. 2. Date of Death 1 Decedent's Name (First Middle Last) 3 Time of Death Month Day **Physician** SEPTEMBER 16, 4:35P M LORENA MAE ANN SKOURTIS 2006 /Medical 4c. County of Death 4a. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death Examiner 2503 MARBURY DRIVE FORESTVILLE PRINCE GEORGES If Under 1 Year If Under 24 Hrs.

Months Days Hours Min. 8. Date of Birth (Month, Day, Year) APR. 30, 1 5. Social Security Number 6. Sex 7. Age (In vrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Months 1□M XXF 71 APR. 1935 WASHINGTON, DC Director 578 48 6286 Usual Residence of Decedent with the Maryland 10c. City, Town or Location 10b. County 10a State 10d. Inside City Limits ral, or Itams 23a or 28a-f show Examiner must be notified at XX Yes 2 □ No Director MD PRINCE GEORGES FORESTVILLE 10g. Citizen of What Country? 10e. Street and Number 10f. Zip Code 2503 MARBURY DRIVE 20747 UNITED STATES death v Funeral 12. Was Decedent Ever in U.S. Armed Forces? 1 ☐ Yes XXNo If Yes, Give Year or Dates: 14. Race - American Indian. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status Black, White, etc. filed within 72 hours after 1 Never Married XX Married 1 ☐ Yes XX No Specify. Specify: WHITE ρ 3 Widowed 4 Divorced "natural" Completed 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry Decedent's Education (Specify only highest grade completed) (Give kind of work done during most of working life. DO NOT use retired) I Hygiene. PRINCE GEORGES COUNTY Elementary/Secondary (0-12) College (1-4or 5+) 12TH CAFETERIA WORKER BOARD OF EDUCATION permit. Pages 1 and 2 should be filed Department of Health and Mental Hygis Important: If Item 27 is marked other 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be RAYMOND GLEASON JEANNETTE BRADFIELD 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) DONNA M. SKOURTIS / DAUGHTER 2503 MARBURY DRIVE FORESTVILLE, MD 20747 20b. Place of Disposition (Name of cemetery, crematory or other place) Date 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial XX Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) METROPOLITAN CREMATORY 09/21/2006 ALEXANDRIA, VA 21. Signature of Euneral Service Licensee 22. Name and Address of Facility
MARSHALL'S FUNERAL HOME OF MARYLAND, INC. 4308 SUITLAND ROAD SUITLAND, MD 20746 Approximate Interval Between Onset and Death Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, or heart failure. List only one cause on each line. Immediate Cause (Final **Physician** disease or condition resulting in death) ACUTE RESPIRATORY FAILURE /Medical Due to (or as a consequence of) Examiner SEVERE PULMONARY FIBROSIS Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Examiner Due to for as a consequence of) The law requires that the death certificate be executed Due to (or as a consequence of): attending physician by Physician/Medical IF FEMALE: 23c. If yes, outcome of pregnancy
1 Live birth 2 Fetal death 23d. Date of delivery 23b. Was decedent pregnant 3 Ectopic pregnancy Month Day Year in the past 12 months? 4□Pregnant at time of death 5 Other (specify) Yes the 9 Unknown 9 Unknown Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably XX Unknown HYPERTENSION Completed 24b. Were autopsy findings available prior to completion of cause of death?

1 ☐ Yes 2 ☐ No 24a. Was an DEGENERATIVE ATHERITIS performed? autopsy 1 Yes Hospital or Attending Physician: Be 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home XX Residence 6 Other (Specify) 2 XX Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA 28b. Time of Injury 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28d. Describe how injury occurred Certification: After 5 Pending XX Natural 1 ☐ Yes 2 ☐ No investigation 2 Accident in by the Director: 28e. Place of Injury - At home, larm, street, factory, office building, etc. (Specify) 3 Suicide 6 Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, State) determined 4 - Homicide 24 hours a XX Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated 29a. Certifier Medical 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) (Check only one) and manner stated. hin 2 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) D24020 SEPTEMBER 19, 2006 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) MOTI L. KOUL, M.D. 4467 OLD BRANCH AVE., SUITE 203 TEMPLE HILLS, MD 20748 31. Date filed (Month, Day, Year) 32. Registrar's Signat State

DHMH 17 Rev 1/2001

Registrar

SEP 2 0 2006

Baltimore, Maryland 21215-0036

Division of Vital Records, P.O. Box 68760,

DHMH 17 Rev 1/2001

Registrar

altimore, Maryland 21215-0036

Division of Vital Records, P.O. Box 68760,

Physicia	ın	For State Registre AMEND#18perFH9/2.  1. Decedent's Name (First, Middle, Last)	Richard S(	ים אז.זעי			2. Date of Dea Month	Day Year	3. Time of Death
/Medic	al	4a. Facility Name (If not institution, give str		JAWAK.		r Location of Death		4c. County of Deat	9:44 A M
Examin	er	Suburban Hospital			Bethesd			Montgome	ery
Funeral Director			7. Age (In yrs. las	t birthday) Yrs.	If Under 1 Year Months Days	If Under 24 Hrs. Hours Min.	8. Date of Birt (Month, Day March 3		hplace (State or Foreign juntry) prida
A =	-	Usual Residence of Decedent  10a. State 10b. County	10c. City,	Town or Lo	cation		<u>_</u>		10d. Inside City Limits
3	ctor	Maryland Montgomer	y Po	otoma	2				1 ☐ Yes 2 No
S S	Director	10e. Street and Number 35 Sandalfoot Court			10f. Zip Code 2085	54		10g. Citizen of What Co United Sta	-
	by Funeral		. Was Decedent Ever in U.S. Armed Forces? 1 12 Yes 2 □ No If Yes, Give Year or Dates: Viet N			ispanic Origin? (Sp an, Mexican, Puerto Specify:	pecify Yes or No Rican, etc.)		
	Completed	15. Decedent's Educa (Specify only highest grade of Elementary/Secondary (0-12)	tion completed) College (1-4or 5+)	(Give life. I	lent's Usual Occup kind of work done DO NOT use retired OTNEY	during most of work	sing	16b. Kind of Business, Construction	
	Be	17. Father's Name (First, Middle, Last) Herbert Schwa	,	ALL	They	18. Mother's Nam	e (First Middle Gronis 1 Cronic	Maiden Sumame)	
סובפ.	<b>P</b>	19a. Informant's Name/Relationship (Type Catherine Schwart:	zman, Wife	19b. Mailir 35 <b>Sa</b> r	g Address (Street idalfoot	and Number or Rur Court, Po	ral Route Number	or, City or Town, State, 2 MD 20854	Zip Code)
B		20a. Method of Disposition  1 ☑ Burial 2 ☐ Cremation 3 ☑ Rer 4 ☐ Donation 5 ☐ Other (Specify)	cerr	netery, cren	sition (Name of natory or other place Ld Cemete	(e)	Date 0/06	20c. Location - City or Hollywood	
ony intr		21. Signature of Funeral Service Licenses		2.	54 Carrol		W, Washi	ngton, DC	20012
ian ical		23a. Part1. Enter the disease, or complica shock, or heart failure. List only one Immediate Cause (Final disease or condition resulting in death)	tions that caused the death cause on each line.  Due to (or as a consequence)	lait		g, such as cardiac	or respiratory ar	rest,	Approximate Interval 8 etween Onset and Death MINNES
3	dical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  d.	Due to (or as a consequent						
	Physician/Med	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 \( \times \) Yes 2 \( \times \) No 9 \( \times \) Unknown	If yes, outcome of pregnance 1 □ Live birth 2 □ Fetal de 4 □ Pregnant at time of deal 9 □ Unknown	eath 3	Ectopic pregnancy Other (specify)	그는 맛도		23d. Date of del Month	ivery Day Year
28	۾	Part II. Other significant conditions contri	buting to death but not resulti	ng in the u	nderlying cause giv	en in Part I.		obacco use contribute to res 2 □ No 3 □ Pr	the cause of death?
page 2 should	Completed			·			24a. Was autop perfo 1 Yes	prior to death?	itopsy findings available completion of cause of 2 \square No
	Be	25. Was case referred to medical examiner?	spital:	2/0	Oth	26. Place of Deat			
를	ıtlon: To	1 Yes 2 No 1002  27. Manner of Death 1 Natural 5 Pending 2 Accident investigation	1 inpatient 2	NOutpatien  Bb. Time of Injury	28c. Injur Wor	4 ☐ Nursing Ho		dence 6 Other (Spenow injury occurred	cily)
ad in by th	Medical Certification:	3 ☐ Suicide 6 ☐ Could not be 4 ☐ Homicide determined	28e. Place of Injury - At hom building, etc. (Specify)	e, farm, str	eet, factory, office		28f. Location (5 City or Tow	Street and Number or Ri vn, State)	ural Route Number,
	dlcai (	22a Cartifier (Check only one) Cartifying Thysic 2 Medical Examine	r: On the basis of my known and manner stated.	edge, death n and/or in	conturned at the tw vestigation, in my o	ne date and place pinion, death occur	red at the time,	date and place, and due	to the cause(s)
pletely fill	0				29c. Licens	a number		29d. Date signed (Mont	h, Day, Year)
To the Funeral Director: After completely filled in by the funeral	Me	29b. Signature and title of certifier	-w					September, maryland	17,2006

State of Maryland / Department of Health and Mental Hygiene 2006 31367 1 - For State Registrar Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month Day **Physician** ARTHUR LEROY SANDERS SEPTEMBER 17. 2006 7:20A /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner CASEY HOUSE ROCKVILLE MONTGOMERY 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) Aug ST 24, 1910 5. Social Security Number 9. Birthplace (State or Foreign 6. Sex **Funeral** 1 ₹ M 2 □ F INDIANA 234-10-6117 Director Usual Residence of Decedent the Maryland 10a State 10b. County 10c, City, Town or Location 10d. Inside City Limits or 28a-f show Examiner must be notified at 1 √ Yes 2 No Director MARYLAND MONTGOMERY TAKOMA PARK 10e. Street and Number 10g. Citizen of What Country? 10f. Zip Code tems 23a 6703 PRINCE GEORGE AVE 20912 UNITED STATES OF AMERICA death Funerai 12. Was Decedent Ever in U.S. Armed Forces? 1 ☐ Yes 2 ☐ No Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11. Marital Status permit. Pages 1 and 2 should be filed within 72 hours after c Department of Health and Mental Hygiene. Important: if Item 27 is marked other than "natural", or Item any injury or other traumatic event, the Medical Examinations. 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0036 1 ☐ Yes 2 ☐ No Specify: þ Specify: WHITE Year or Dates: 3 XWidowed 4 □ Divorced Completed 15. Decedent's Education 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) 10 TRUCK MECHANIC LUMBER COMPANY 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be DALLAS SANDERS 2 NELLIE JACKSON 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) LARRY D. SANDERS - SON 13201 GLENHILL ROAD. SILVER SPRING, MD 20904 20b. Place of Disposition (Name of cemetery, crematory or other place) Date 20a. Method of Disposition 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State GATE OF HEAVEN CEMETERY 09/19/06 SILVER SPRING, MARYLAND 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature # Filleral S. 22. Name and Address of Facility HINES RINALDI FUNERAL HOME, INC. 11800 NEW HAMPSHIRE AVE. SILVER SPRING, MD 20904 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) **Physician** ASPIRATION PNEUMONIA /Medical Due to (or as a consequence of) Examiner DEMENTIA, SENILE Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Examine Due to (u. as a consequence of) Hospital or Attending Physician: The law requires that the death certificate be executed and Due to (or as a consequence of). attending physicien a for use as the burial-Box 68760 Physician/Medical IF FEMALE: 23c. If yes, outcome of pregnancy 23d. Date of delivery 23b. Was decedent pregnant 3 Ectopic pregnancy 2 Fetal death in the past 12 months? 1 ☐ Yes 2 ☐ No Day Month Year 4☐Pregnant at time of death 5 ☐ Other (specify) P.O. ed by the a 9 Unknown 9 Unknown Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? Division of Vital Records, ρ CARDIOMEGALY, UNSPECIFIED 1 ☐ Yes 2 No been sign 3 Probably 4 Unknown Completed DIABETES MELLITUS, TYPE 2 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an page 2 autopsy performed? Yes 2 No has HYPERLIPIDEMIA 1 ☐ Yes 2 ☐ No 1 Yes Be 25. Was case referred to medical 26. Place of Death (Check only one) Hospital: 1 Inpatient Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Tes 2 No ဥ 2 ER/Outpatient 3 DOA this 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 27. Manner of Death 28b. Time of 28d. Describe how injury occurred Certification: After 1 Natural Injury 5 Pending death. 1 ☐ Yes 2 ☐ No investigation 2 Accident Director: 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 - Homicide within 24 hours a pellij 1 Certifying Physicien: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated Medical 29a. Certifier npletely Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29c. License number 29b. Signature and title of certifier 29d. Date signed (Month, Day, Year) 2 Cynthia M Williams Do H0058032 SEPTEMBER 18, 2006 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) CYNTHIA M. WILLIAMS, D.O. MONTGOMERY HOSPICE 6001 MUNCASTER MILL RD, ROCKVILLE, MD 20852 CYNTHIA M. WILLIAMS, D.O. 31. Date filed (Month, Day, Year) SEP 19 2006 32. #egistrar's Signature State Registrar

Please Type or Print in Black Indelible Ink. Ensure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 2006 31368 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Judith D. Sadugor Se Meth 14 Day 2006 Year 8:30AM_M 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Montgomery Rockville 11505 Luxmanor Road | If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Day, Year) | 11-17-1937 5. Social Security Number 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign Offic) 1□M 2∰F 282-34-5323 68 Usual Residence of Decedent 10a. State 10c. City, Town or Location 10b. County 10d. Inside City Limits 1[™]Yes 2 No Montgomery Rockville 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 11505 Luxmanor Rd. U.S.A. 12. Was Decedent Ever in U.S. Armed Forces? 1 ☐ Yes ≥ 2 No If Yes, Give Year or Dates: Race - American Indian, Black, White, etc. 11 Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married 1 ☐ Yes 2 Ho Specify: Specify: White 3 Nidowed 4 Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry College (1-4or 5+) 2yrs Elementary/Secondary (0-12) Wholesale Distribution CEO 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Sylvia Greenberg Solomon Dinn 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Debra S. Robins- Daughter 11601 Broad Green Ct. Potomac, MD 20854 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 20a. Method of Disposition 1 Burial 2 □ Cremation 3 □ Removal from State Clarksburg, MD Garden of Remembrance 9-17-06 4 □ Donation 5 □ Other (Specify) 21. Signature of Funeral Service Licensee 22. Name and Address of FacilityEdward Sagel Funeral Direction 1091 Rockville Pike Rockville, MD 20852 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) Respiratory Arrest Due to (or as a consequence of): Metastatic Lung Sarcoma Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of) Due to (or as a consequence of): IF FEMALE: 23c. If yes, outcome of pregnancy 1 ☐ Live birth 2 ☐ Fetal death 23d. Date of delivery 23b. Was decedent pregnant 3 Ectopic pregnancy in the past 12 months? Day Month Year 4☐Pregnant at time of death 5 Other (specify) 9 Unknown 9 Unknown Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 D\Unknown 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 1□ Yes 2□ No 1 ☐ Yes 2 No 25. Was case referred to medical examiner? 26. Place of Death | Check only one Hospital: 1 ☐ Inpatient Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 2 ER/Outpatient 3 DOA 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 Natural 2 Accident Injury 5 Pending 1 ☐ Yes 2 ☐ No investigation 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 | Homicide 1 X Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) 29a. Certifier (Check only one) and manner stated 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 0047612 9-17-06 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)
Paul Mackoul MD 104 Ridley Avenue #201 Annapolis MD 21401

To the Hospital or Attending Physicien: The law requires that the death certificate be executed Division of Vital Records, P.O. Box 68760, After t neral Director: / within 24 hours after

Physician

/Medical

Examiner

Funeral Director

Completed by

Be

Examiner

Physician/Medical

þ

Completed

Be

Certification; To

Medical

State

Registrar

31. Date filed (Month, Day, Year)

**Funeral** 

Director

ortant: if item 27 is marked other then "natural", or items 23a or 28a-f show injury or other traumatic event, the Medical Examinar must be notified at a

and Mental Hygiene.

permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If tem 27 is marked othe eny injury or other traumatic event, once.

Physician

/Medical

use as the burial-transit the ettending physician and

ŏ

Examiner

filed within 72 hours after death with the Maryland

Baltimore, Maryland 21215-0036

DHMH 17 Rev 1/2001

32. pgistrar's Signature

5008

			For State Registrar	State of Marylar	nd / Depa		lealth and I	Mental Hygi	•	6 3136
	Physicia /Medic Examin	al	Decedent's Name (First, Middle, Last     Oscar      Aa. Fecility Name (If not institution, give     25216 Oak Drive	E. Summers		4b. City, Town, c	r Location of Death		Day Year er 19, 20 4c. County of Dea	ath
	uneral rector		Social Security Number 6. Se	x 7. Age (In yrs. Mag 2 F 67	last birthday) Yrs.			8. Date of Birth (Month, Day, Feb. 28,	0.8	ryland
deeth with the Maryland	or 28a-f show a notified at	Director	10a. State 10b. County Maryland Montgom  10e. Street and Number		ty, Town or Lo	CUS		10	g. Citizen of What C	10d. Inside City Limits 1 ☐ Yes 2 ☐ No country?
<b>130</b> rs after deeth wi	id other then "naturel", or iteme 23a or 28a-f ehow event, the Medical Examinar must be notified at	by Funerai D	25216 Oak Drive  11. Marital Slatus  1 Never Married 2 Married  3 Widowed 4 Divorced	12. Was Decedent Ever in L Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates:		208 Was Decedeni of Hif Yes, specify Cub 1 □ Yes 2 ▼No		pecify Yes or No- o Rican, etc.)	U.S.A.  14. Race - Am Black, Wh.  Specify: Wh	ite, etc.
d Z1Z13-UU36 filed within 72 hours after Hygiene.	r then "nature the Medical E	Completed I	15. Decedent's Ed (Specify only highest grad Elementary/Secondary (0-12)	ication	life.	dent's Usual Occup kind of work done DO NOT use retire ruck Driv	d)	kina	6b. Kind of Business Hauling He Equipmen	eavy
		To Be C	17. Father's Name (First, Middle, Last) Unknown	0.00	40- 14-16		Mary 1	ne (First, Middle, M Elizabeth		712 Code)
C, Mi	if item 27 is marke or other traumatic		19a. Informant's Name/Relationship (T)  Nancy M. Summers  20a. Method of Disposition  1 □ Burial 2 □ Cremation 3 □ I	- Wife	252 Place of Disponentery, cre	16 Oak Dr	ive, Da	mascus, M	laryland Oc. Location - City o	20872 r Town, State
Department of 1	Importent: If its any injury or o		4 Donation 5 Other (Specify, 21. Signature of Funeral Service Licens	Re	, 2	2 Name and Addre	h-Willia	ms P.A.,	rederick, Funeral H	ome
/M Exa	sician edical miner	iner	23a. Part1. Enter the disease, or comp shock, or heart failure. List only of Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	a. Due to (or as a consec	th. Do not en		ng, such as cardiad			Approximate Interval Between Onset and Death
<b>68 / 6U,</b> ificate be executed	physicien and is the burial-transit	edical Examiner	resulting in death) Last	Due to (or as a consect	quence of):					
.O. BOX 68 the death certifical	by the attending physicached for use as the b	Physician/Med	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 □ Yes 2 □ No 9 □ Unknown	23c. If yes, outcome of pregn 1 □ Live birth 2 □ Fet 4 □ Pregnant at time of o 9 □ Unknown	aldeath 3	⊒Ectopic pregnanc ⊒ Other (specify) _	/		23d. Date of de Month	elivery Day Year
COLDS, P.	been signed by should be deta	by	Part II. Other significant conditions co	ntributing to death but not re	sulting in the u	underlying cause giv	ven in Part I.	23e. Did tob		io the cause of death?  Probably 4 □Unknown
The law	page 2	e Completed	25. Was case referred to medical				26 Place of Dea	24a. Was an autopsy perform 1 Yes 2	ed? death? ĎNo 1 □ Ye	utopsy findings available completion of cause of
(8)	is certific director,	0 8	examiner?	Hospital: 1 ☐ Inpatient 2 ☐	]ER/Outpatie	nt 3 DOA Ott	ac	. 3	nce 6 □Other (Sp.	ecify)
ב ב	After th uneral	Certification; T	27. Manner of Death  1 ☑Natural 5 ☐ Pending  2 ☐ Accident investigation	28a. Date of Injury (Month, Day Year)	28b. Time o Injury	of 28c. Inju		28d. Describe ho		
	Funerel Director: etely filled in by the		3 Suicide 6 Could not be determined	28e. Place of Injury - At h building, etc. (Speci	(fy)		AND DESCRIPTIONS	City or Town,		
thin 24 ho	To the Fun completely	Medical	(Check only 2 Medical Examone)  29b. Signature and title of certifier	iner: On the basis of examinand manner stated.	ation and/or in	29c. Licens	ppinion, death occu	rred at the time, da	te and place, and du	e to the cause(s)
2 🖥	7 00		30. Name an address of person who o	Deill	ND	D	39190		eptember	•
8	)		J. Garrett Re				treet, Da	amascus,	Marvland	20872
	Sta	te	31. Date filed (Month, Day, Year)	ONS 32. Figistrar's Sign	ature	had.				

ype of I fille in black indelible into		0000
State of Maryland / Department of H	ealth and Mental Hygiene	2006

1.		_ For	State of Maryland	/ Depa	rtment of Health and M	lental Hygie	ne 2008	5 31370
		1 - State Registrar		Cert	ificate of Death	Reg.	No.	
Physic	_	1. Decedent's Name (First, Middle, Last)	WARD SENI	ER,	JR.	2. Date of Death Month SEPTEMBI	Day Yeer	3. Time of Death
/Medi Examii	- 48	4a. Facility Name (If not institution, give si			4b. City, Town, or Location of Death		4c. County of Deet	
LAGIIII	ici	405 SOUTHEAS	T CREEK RO.	AD	CHURCH HILL		QUEEN /	LBUNES
Funeral Director		5. Social Security Number 6. Sex			If Under 1 Year If Under 24 Hrs. Months Days Hours Min.	8. Date of Birth (Month, Day, You JWE 30	9. Birth	hplace (State or Foreign buntry)
р _		Usual Residence of Decedent	110- 6:1-	T call ca	ation			10d. Inside City Limits
(36) Is after death with the Maryland I, or items 23a or 28a-1 show ka nitrer must be notified at	7	10a. State 10b. County  MD QUEEN		Town or Loc				1 ☐ Yes 2 XNo
he M	Director	10e. Street and Number	TIONES CI	Aurci	1 HILL 10f. Zip Code	100	. Citizen of What Co	ountry?
with 1		4	- 0000- 0	2 2	21623		U.S.A	
Jeath	Funerai	405 SOUTH EAS	2. Was Decedent Ever in U.S.	. 13. W	/as Decedent of Hispanic Origin? (Sp Yes, specify Cuban, Mexican, Puerto	ecity Yes or No-	14. Race - Ame	nican Indian,
	Fun	1 Never Married 2 Married	Armed Forces?  1 Yes 2 □ No If Yes, Give Year or Dates: WW I	ا ا ا	Yes, specify Cuban, Mexican, Puerto  ☐ Yes 2 No Specify:	Hican, etc.)	Black, White	_
onus s	1 by	3 Widowed 4 Divorced	Year or Dates: \WW L	١ ١	1 165 214 NO Specify.			HITE
vithin 72 hours after ene. then "natural", or ite	Completed	15. Decedent's Educ (Specify only highest grade		(Give k	ent's Usual Occupation and of work done during most of work		b. Kind of Business/	Industry
Mithin Mithin	mpi	Elementary/Secondary (0-12)	College (1-4or 5+)		O NOT use retired)	F	INDAICE 1	LECL MASON
filled v Hygie other t		17. Father's Name (First, Middle, Last)	7+	HU	18. Mother's Nam	e (First, Middle, Ma		2-6-77/5-1
and d be sontal in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in the contral in th	o Be	JOSEPH WA	RD SENE	R	CLA	0 0	HodsHon	1
Maryland 2 d 2 should be filed to the and Mental Hygie to an and Mental Hygie to an arked other traumatic event.	To	19a. Informant's Name/Relationship (Type		19b. Mailing	Address (Street and Number or Rur	al Route Number, C		
		JEAN SE	INFR	405 5	BUUTHEAST CREEK	RUAD C	HURCH HI	LC MD
Baltimore, permit. Pages 1 ar Department of Hea mportant: If Item any injury or other 2006.		20a. Method of Disposition	20b. Pla	nce of Dispos	ition (Name of atory or other place)	Date 20	c. Location - City or	Town, State
Pages Pages nent of int: If it		1 ☐ Burial 2 🛣 Cremation 3 ☐ Re  1 ☐ Donation 5 ☐ Other (Specify)	amoval from State	APEA	LE CREMATORY 9/6/	06 (	CHESTER	, MD
Baltim permit. Pa Departmen important: any injury		21. Signature of Funeral Service License		,22.	Name and Address of Ficility ARY GREEN HERUN	OR FUNE	RAL DIRECT	or 21620
D e d e d e d e d e d e d e d e d e d e		Maroin V. W	illing	20	OS GREEN HERON	way c	HESTERIC	WN, MD
3		23a. Part1. Enter the disease, or complice shock, or heart failure. List only on	cations that caused the death.	Do not ente	r the mode of dying, such as cardiac	or respiratory arrest	1	Approximate Interval Between Onset and Death
Physician		Immediate Cause (Final disease or condition	Hemor	rhas	ic Stroko			7 months
/Medical Examiner		resulting in death)	Due to (or as a conseque	ence of):				
. 6	la la	Sequentially list conditions, if any, leading to immediate	) Due to (or as a conseque	ence of.				
nsit	i i	cause. Enter Underlying Cause (Disease or injury						
60, be executed lician and burial-transit	Examiner	that initiated events cresulting in death) Last	Due to (or as a conseque	ence of):				
760, te be executed ysician and te buriat-transit	cai		J					
Box 687 leath certificate attending physics as the	Physician/Medi	THE SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECON						
Box eath cert attendin for use	an/h	IF FEMALE: 23b. Was decedent pregnant in the past 12 months?	3c. If yes, outcome of pregnan 1 ☐ Live birth 2 ☐ Fetal or	death 3 🗌	Ectopic pregnancy		23d. Date of del Month	livery Day Year
O. E e dea he at ned fo	sici	1 Yes 2 No	4☐Pregnant at time of dea 9☐Unknown	ath 5	Other (specify)			<b>52</b> /
ds, P.O. I	Phy	Part II. Other significant conditions con	stributing to death but not resul	lting in the un	deriving cause given in Part I.	23e. Did toba	cco use contribute to	o the cause of death?
dS, ires the signe	1 by	Hyportension ! +		of:		1 ☐ Yes	2 □ No 3 □ Pr	robably 4 Unknown
COrd w requir been si	etec		11 2 -	· · · · · ·		24a. Was an	24h Were au	utopsy findings available
Receipment of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of th	Completed by	HyCutançois To	een cympus	AU 1		autopsy performe	prior to death?	completion of cause of
n: The ficate or, page	ဝင္ပ	25. Was case referred to medical			36 Place of Dog	1 Yes 2 th (Check only one)	∃No 1 L Yes	s 2□ No
Division of Vital Records, for Attending Physician: The law requires talter death.  Director: After this certificate has been signed in by the funeral director, page 2 should be a	0.0	avaminar?	lospital: 1  Inpatient 2 E	R/Outpatient	Other		ce 6 □Other (Spe	ecify)
g Phy er this	11-1	27. Manner of Death		28b. Time of Injury	28c. Injury at Work?	28d. Describe how		
ion ath. r: Aft	atio	Natural 5 Pending 2 Accident investigation	(Month, Bay 7 dai)	injury	M 1 Yes 2 No			
r Atte	Certification;	3 Suicide 6 Could not be determined	28e. Place of Injury - At hor building, etc. (Specify)	ne, farm, stre	eet, factory, office	28f. Location (Stre City or Town,	et and Number or Ri State)	ural Route Number,
Div ital or A irs after raf Dire			1					
Division of Vital Records, P.O. Box 687 to the Hospital or Attending Physician: The law requires that the death certificate within 24 hours after death.  To the Funeral Director: After this certificate has been signed by the attending physician properties in by the funeral director, page 2 should be detached for use as the	edicai	29a. Certifier 12 Certifying Physical Check only 2 Medical Examination	sician: To the best of my know ner: On the basis of examination and manner stated.	vledge, death ion and/or inv	occurred at the time, date and place, restigation, in my opinion, death occur	, and due to the cau rred at the time, date	se(s) and manner as and place, and due	s stated. e to the cause(s)
To the within 2 To the complet	Med	29b. Signature and title of certifier	with the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of		29c. License number	290	d. Date signed (Mont	th, Day, Year)
F 3 F 8		1 tolkon	500		D 50996		9/11/0	6
24		30. Name and address of person who co	ompleted cause of death (Item	23a) (Type, I	Print)			
-		Neil Studdar		100	0 (1	Cles	tertain.	ma 21620
	tate	31. Date filed (Month, Day, Year)	32. Register's Signatu	ure A	2			
Regis	trar	OFLIT	LUUU PO	6	Branch B.			

ORIGINAL

Please Type or Print in Black Indelible Ink. Ensure All Copies Are Legible. Amend item#18, perFH, G862, 12/13/06 Trifficate of Death Reg. No. 2. Date of Death 3. Time of Death 1. Decedent's Name (First, Middle, Last) Day Month Year **Physician** Shreeves FRANKlin :31 MARLES ptember 2006 /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner ANISHIA ANIONAL Social Security Number 6. Mescal CENTER 3ALISBYKG NI COMICO If Under 1 Year | If Under 24 Hrs.

Months Days Hours Min. 8. Date of Birth (Month, Day, Year) 02 -38-1919 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Months 137-18-0649 1 MM 2□F MD Director Usual Residence of Decedent 10a. State 10b. County 10c, City, Town or Location 10d. Inside City Limits 28a-f show th and Mental Hygiene. 27 is marked other than "natural", or items 23s or 28s-1 shov traumatic event, the Medical Examinar must be rediffed at MD 1 Yes 2 No Director Domerset estouer 10g. Citizen of What Country? 10e. Street and Number 21871 8374 Church MEnnonite Funeral death 12. Was Decedent Ever in U.S. Armed Forces? 1₩ Yes 2 □ No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11. Marital Status Pages 1 and 2 should be filed within 72 hours after 1 Never Married 2 Married Baltimore, Maryland 21215-0036 1 ☐ Yes 2 No Specify: Black Specify: by 3 Widowed 4 □ Divorced Completed 15. Decedent's Education 16a, Decedent's Usual Occupation 16b. Kind of Business/Industry (Specify only highest grade completed) (Give kind of work done during most of working life. DO NOT use retired) Elementary/Secondary (0-12) College (1-4or 5+) aborer Contrator/Salesman 18. Mother's Name (First, Middle, Maiden Sumame)

Evelena Collins

CUE Lyn TRIAR (School Route Number City of Town St 17. Father's Name (First, Middle, Last) Be f Health and Mental item 27 ie marked o Shreeves Jamue 1 ၉ 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) - Daughter 1567 Long Bronx N4 EUFlyn Threws tellow Ave 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State Date permit. Pages 1
Department of H
Important: if ite
any injury or ot 1 Burial 2 ☐ Cremation 3 ☐ Removal from State John Wesley Cemely 69-16-06 Mestover, MD

22. Name and Address of Facility
Anthony E. Wars, Funeral Home
30639 Hampden Ave Princess Lanc, MD 21853 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee Þ 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) Physician 1010 PATTHIC HLMONARY MONTHS /Medical Due to (or as a consequence of): **Examiner** Securities list conditions if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): Examiner or Attending Physician: The law requires that the death certificate be executed physicien and s the burial-transit Due to (or as a consequence of): Box 68760 Physician/Medical attending for use as IF FEMALE 23c. If yes, outcome of pregnancy 1 ☐ Live birth 2 ☐ Fetal death 23b. Was decedent pregnant 23d. Date of delivery 3 Ectopic pregnancy in the past 12 months? Day 4☐Pregnant at time of death 5 Other (specify) P.O. signed by the a 9 Unknown Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? Division of Vital Records, <u>م</u> cete hes been sig , page 2 should b ARTER 0158458 1 Yes 2 No 3 Probably 4 Unknown Completed HylERTENS102 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed certificate 1 Yes 2 No 1 ☐ Yes 2 ☐ No director, 25. Was case referred to medical Be 26. Place of Death |Check only one Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 20 No 1 Hnpatient 2 ER/Outpatient 3 DOA Medical Certification: To this After the 28a. Date of Injury (Month, Day Yeer) 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending investigation 1 Natural death. 1 Yes 2 No within 24 hours after death To the Funeral Director: , completely filled in by the f 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide To the Hospital Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) SEITEMBER 13, 2006 P0062916 MO

State Registrar 31. Date filed (Month, Day, Year) \$ \$ 2006

SUETCANA

30. Name and address of person who end cause of death (Item 23a) (Type, Print)



SATISTURY

			i icuse	Type of Film					_	_	/ic.	
			For	State of Ma	ryland /				Mental Hy	giene 2 N	06 3	1372
			State Registrar			Certifica	ate of i	Death		Reg, No.		1071
			1. Decedent's Name (First, Middle, Las	0 0			1		2. Date of Dea	ath Day 6	Year . 3. Tin	ne of Death
	Physici		Olan	Par501	15	Sin	10 K	115	Sept	14 20	2060	355 M
}	/Medic Examin		4a Facility Name (If not institution, give		-	4b. C	ty, Town, or	Location of Dea	ith	4c. County	of Death	
	Lxamiii	e1	(1) -11 / 0:	11 1	1 Cer	tel (	hoc	torto	(41)	Ke	1-	
	Francis		5. Social Security Number 6. S		(In yrs. last t		der 1 Year	If Under 24 Hrs	s. 8. Date of Birt	h	9. Birthplace (St	ate or Foreign
	Funeral Director			80 M 2 □ F	77	Yrs. Month	ns Days	Hours Min	09/13/1	929	Country)	MD
			Usual Residence of Decedent						100,10,1			
	ian		10a. State 10b. County		10c. City, To	wn or Location					10d. Insid	de City Limits
	Mary	ō	MD Kent		Rock	Hall					1 🗆	Yes 2 No
	h the Marylan r 28a-f ehow r notified at	ect	10e. Street and Number			10f.	Zip Code			10g. Citizen of W	hat Country?	
	death with the Maryland ms 23a or 28a-f ehow rmust be notified at	Funeral Director	22129 Reeces Cor	ner Road			1620			USA	,	
	ours after death with rei', or items 23s or Examiner must be	era		12. Was Decedent E	vor in LLC			ienanic Origina /	Specific Ves or No		- American India	
		Š	11. Marital Status  1    Never Married 2   Married	Armed Forces?		If Yes, s	pecify Cuba	in, Mexican, Pue	Specify Yes or No- rto Rican, etc.)	Black	k, White, etc.	.,,
9	hours after turel', or fte al Examba	by F	3 Widowed 4 Divorced	1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates:	,	1 ☐ Yes	2 🕱 No	Specify:		Specify:	white	
5-0036	프 크 급	D D	15. Decedent's Ed		16	a. Decedent's U	eual Occup	ation		16b. Kind of Bus	siness/ladusta/	
<u>ဂ</u>	within 72 ene. then "na	Completed	(Specify only highest gra	de completed)		(Give kind of	work done o	during most of we	orking	100. Kind of bus	sinessindustry	
Z	Aithir Ben i	ם	Elementary/Secondary (0-12)	College (1-4or 5+	·) F	armer	030 /01//00	'/		Agricul	lture	
N	tygie her in	ပိ	17. Father's Name (First, Middle, Last)					19 Mothar's No	me (First, Middle,			
and	d of of o	Be							tha Pars		,	
>	Mer Mer Mer Mer Mer Mer Mer Mer Mer Mer	ပ္	Olan Davidson S									
Mar	2 sh and te m		19a. Informant's Name/Relationship (			-			Rural Route Numbe			1
	and ealth m 27		Martha E. Simpkir	s/sister					Road, Roc			
2	ges 1 if of H if ite or oth		20a. Method of Disposition  1 Daugnaria 2 Cremation 3 D	Removal from State	20b. Place cemet	of Disposition (/ ery, crematory c er Ceme	Vame of or other plac	(e)	Date		City or Town, Sta	
Baltimore,	Pag ment ant: ury o		4 Donation 5 Other (Specify		Chest	er Ceme	tery	09/1	17/2006	Chestert	:own, MU	
a	portr portr y inj		21. Signature of Funeral Service Licen	see		22. Name	and Addre	ss of Facility	odn and N	Iorrnam E.	.nomal U	omo DA
n	88558		Chreat Fellow			130	Speer	Road, (	ein and N Chesterto	wn, MD 2	21620	ome, ra
			23a. Part. Enter the disease, or companies sock, or heart failure. List only	olications that caused t	he death. Do						Approx	
	hysician		Immediate Cause (Final							1 1/2	Onset	and Death
'	/Medical		disease or condition resulting in death)	a. Pne ov	CONSEGUENC	9.00				100/20	V	
	Examiner			$\wedge$	t	100			OK.	A WOUNT	1 1 100	onth
		ē	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	b. Due to (or as a					7	1. W. 9. 4		while
	nsit	Examiner	cause. Enter Underlying Cause (Disease or injury	Canu	1	EV	act	LYR	0 10	My Marke	2 m	
	be executed icien and burial-transit	xa	that initiated events resulting in death) Last	Due to (or as a	consequence				W ON	Olli The	0 11	ONTORS
9	te be executed ysicien and e burial-transit	calE	T.						1 3	4 6		
				d						1		
	eath certificate attending phy for use as the	Physiclan/Med	IF FEMALE:	23c. If yes, outcome of	f pregnancy				9	and Dave	of dalisan.	
ROX	death	lan	23b. Was decedent pregnant in the past 12 months?	1 Live birth 2 4 Pregnant at t	Fetal dea			,		Mon	e of delivery oth Day	Year
o	at the de by the a	/sic	1 ☐ Yes 2 ☐ No 9 ☐ Unknown	9□ Unknown	ine or death	5 Other	(SPecily)					
ŗ.	hat the d by detac	P.	Part II. Other significant conditions c	ont abuting to death but	t not resulting	in the underhin	a cause an	on in Part I	23e Did to	obacco use contri	bute to the causi	of death?
<u>ဟ်</u>	w requires that s been signed b should be deta	Completed by	Casas ( ) call T	Ontroduing to death out	t not resulting	in the didenyin	g cause giv	en in ranti.		/		
ecords,	equi en s ould	ted	Carrical T	-11,000					1 🗆 ነ	res 2 No	3 Probably	+ Unknown
ပ္ထ		ple	Diubetes						24a. Was autor	an 24b. W	Vere autopsy find rior to completion	ings available
r	The law ite has b page 2 st	E							perto	rmed? d	eath?	
		BeC	25. Was case referred to medical			-1		26. Place of De	eath (Check only o			
	Physician: this certific ral director.	To B	examiner? 1 ☐ Yes 2 ☐ No	Hospital:	t 2 EP/0	Outpatient 3	DOA Oth	or	Home 5 ☐ Resid		r (Specify)	
	Phys or this oral di		27. Manner of Death	28a. Date of Injury (Month, Day		. Time of	28c. Injun	y at		now injury occurre	1-1	
5	r Attending F er death. rector: Atter i by the funera	ţ	1 □ Natural 5 □ Pending 2' □ Accident investigation		(- S	Injury 30 AM	Wor	Yes 2 □No	Track	orran	Bullet C	vec 15
<u> </u>	dea ctor y the	fica	3 Suicide 6 Could not be	1 1 1 3 1 1 2	-		tory, office			Street and Numbe		
	after Dire	Certification;	4 Homicide	building, etc.	(Specify)	- 1			City or Tox	vn, State)	31 35gck	1
	Hospital 14 hours a Funerei I tely filled		29a. Certifier 1 Certifying Ph	ysician: To the best of		ne death occurr	ed at the tin	ne date and plac				HALL IND
	Hospital or Attence     A hours after deatle     Funerei Director:     Interpretable in by the	Medical	(Check only 2 Medical Examone)	niner: On the basis of	examination a	and/or investigat	ion, in my o	pinion, death occ	curred at the time,	date and place, a	nd due to the car	ıse(s)
	To the h within 2 To the I complet	Me	29b. Signature and little of certifier		,		29c. Licens	e number		29d. Date signed	(Month, Day, Ye	ar)
	⊢≯≓ŏ		Van 1/A	Bull			L	58824	1	9/11	do1-	
	,		Jun 18	rever					(	[11]	7 000	
	2		30. Name and address of person who	completed cause of de	ath (Item 23a	(Type, Print)	Λ(	$\Omega$	salana	MA	1162<	
2	,		31. Date filed (Month, Day, Year)	32. Registra	r's Signature	1 6	WIN	- SF (	JULI YOU	7-11	3	
	Sta Registr			9 2006	Joignature	E. 2	1					

State of Maryland / Department of Health and Mental Hygiene 1 - For State Registrar Certificate of Death Rag. No. 2 1. Decedent's Name (First, Middle, Last) 2. Date of Death Day ^{Year} 2006 **Physician** 13, 6:05 Ellen T. Stamp September /Medical 4a. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner Annapolis Anne Arundel Heritage Harbour Nursing Home 7. Age (In yrs. last birthday)
95 Yrs.

Annay 0.2.2.

If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Day, Year, 09/01/1911) Birthplace (State or Foreign Country) 5. Social Security Number 6. Sex **Funeral** 1 □ M 2 X F Director 218-38-8287 Maryländ Usual Residence of Decedent the Maryland 10b. County 10c. City, Town or Location 10a. State 10d. Inside City Limits item 27 is marked other than "natural", or items 23s or 28s-1 show other traumatic event, the Modical Examinar must be notified at 1 X Yes 2 ☐ No Director Maryland Anne Arundel Davidsonville 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? with 1210 West Central Avenue 21035 USA death Funerai 12. Was Decedent Ever in U.S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 72 hours after 1 ☐ Yes 2 X No If Yes, Give Year or Dates: 1 Never Married 2 Married Baltimore, Maryland 21215-0036 1 ☐ Yes 2 X No Specify: δ Specify: 3 Widowed 4 Divorced White Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Prince Georges s 1 and 2 should be filed within if Health and Mental Hygiene. Item 27 Is marked other than " Elementary/Secondary (0-12) College (1-4or 5+) Accounting Office County Government 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Della Kinnaman Arthur DeMarr 2 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1210 West Central Avenue Davidsonville, MD 21035 John Parker/ Son 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State permit. Pages 1
Department of H
Important: If itel
any injury or ott 1 XBurial 2 ☐ Cremation 3 ☐ Removal from State 09/16/2006 Suitland, MD 4 Donation 5 Other (Specify) Cedar Hill Cemetery 21. Signature of Europial S 22. Name and Address of Facility Robert E. Evans Funeral Home 16000 Annapolis Road Bowie, MD 20715 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final **Physician** disease or condition resulting in death) Nemonta Months /Medical Due to (or as a consequence of): Examiner Sequentially list conditions, if any, leading to include cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of) Examine The law requires that the death certificate be executed use as the burial-transit the attending physician and Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760 Physician/Medical IF FEMALE: 23c. If yes, outcome of pregnancy 1 Live birth 2 Fetal death 23b. Was decedent pregnant 23d. Date of delivery 3 Ectopic pregnancy ģ in the past 12 months? Month Day Year 4☐Pregnant at time of death 5 Other (specify) detached 9☐ Unknown 9 Unknown signed by Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? ð page 2 should be 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Completed 24b. Were autopsy findings available prior to completion of cause of death? hes autopsy performed? this certificate 1 ☐ Yes 2 No 1 Yes 2 No Hospital or Attending Physician: director 25. Was case referred to medical Be 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient Other: 4 Mursing Home 5 Residence 6 Other (Specify) P 1 ☐ Yes 2 ☐ №6 2 ER/Outpatient 3 DOA After this funeral d 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28b. Time of Certification: 28d. Describe how injury occurred 1 ANatural 5 Pending death. 1 ☐ Yes 2 ☐ No investigation 2 Accident Director: 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, State) filled in by within 24 hours after To the Funeral Direct 4 | Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29a, Certifier cal 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one) To the 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) D41978 MD 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 4000 Metchavillo Rd A3K Bows 41 20716 Pavakelu Nader 31. Date filed (Month, Day, Year) State SEP 1 8 2006 Registrar

			1 - For State Registrar	State of Marylar	Cei	rtificate of	Death		g. No.	סו	31311
ı	Physici /Medic		1. Decedent's Name (First, Middle, La	est)	HIN	1ER		2. Date of Death Month		306	3. Time of Death
)	Examin		4a. Facility Name (If not institution, gir	ve street and number)		4b. City, Town, o	r Location of Death	,	4c. County of I	Death	
			Anne Arundel Med	lical Center			polis		Anne	Arun	de1
	Funeral Director		383-28-5822	7. Age (In yrs.	last birthday) Yrs.	If Under 1 Year Months Days	Hours Min.	8. Date of Birth (Month, Day, Oct. 28, ]	Year) 9. 1920 ]	Birthplac Country Mich	ce (State or Foreign v) igan
	pur		Usual Residence of Decedent  10a. State 10b. County	10c Ci	ty, Town or Lo	ocation				100	f. Inside City Limits
	eho ed e	5	MD Anne Ar							100	1 (XYes 2 □ No
	the N	ect	10e. Street and Number	under	Crofton	10f. Zip Code		10	g. Citizen of Wha	t Countr	
	with with	급	1668 Carlyle Dri	νο Δη+#7-Ι		21114			USA	Country	, :
	ns 23	era	11. Marital Status	12. Was Decedent Ever in U	J.S. 13.		lispanic Origin? (Spe	cify Yes or No-	14. Race -	Americar	ı Indian.
336	be filed within 72 hours after death with the Maryland stal Hygiene. Id other then "natural", or Items 23a or 28s-f ehow event, The Medical Examinar must be notified at	by Funeral Directo	1 ☐ Never Married 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	Armed Forces?  1 Tyes 2 No If Yes, Give Year or Dates: 138-		lf Yes, specify Cuba 1 ☐ Yes 2 ☐ XNo	dispanic Origin? (Spetan, Mexican, Puerto F Specify:	Rican, etc.)		White, etc	c.
ş	2 hou	ted	15. Decedent's E	ducation	16a, Dece	dent's Usual Occup	pation	1	6b. Kind of Busin	ess/Indu	stry
21215-0036	hin 7	Completed	(Specify only highest gr Elementary/Secondary (0-12)		(Give	kind of work done DO NOT use retired	during most of working d)	19			
7	giên giên d	NO.		College (1-4or 5+)	Real	Estate A	Agent		Real Es	state	2
<u> </u>	0 = 0 5	Be (	17. Father's Name (First, Middle, Las.				18. Mother's Name				
<u> </u>	should be and Mental I smarked o umatic eve	To	Cyril Clark Shim	er			Grace M.	ae Pitch	ner		
Maryland	2 should be filed and Mental Hygid Is marked other aumatic event,		19a. Informant's Name/Relationship		19b. Mailir	ng Address (Street	and Number or Rural	Route Number,	City or Town, Sta	te, Zip C	ode)
	and ealth m 27		Judith Warner/ D			3 Stewart		aniel, M			
ore	of H		20a. Method of Disposition 1 ABurial 2 ☐ Cremation 3 [	Removal from State	Place of Dispo	sition (Name of natory or other place	ce) Di		Oc. Location - Cit		
Ē	Pag Iment tant:		4 ☐ Donation 5 ☐ Other (Speci		Garde		9/23/	2006 D	avidsonv	/ille	, MD
Baltimore,	permit. Pages 1 and 2 should be Department of Health and Menta Important: If Itam 27 Is marked eny injury or other traumatic en ance.		21. Signature of Funeral Service Lice	nsee		2. Name and Addre	KOD		Evans Fur	ieral	L Home
	0 □ F • Ø		rough				napolis Ro			20715	
			23a. Part1. Enter the disease, or co shock, or heart failure. List only	one cause on each line.	th. Do not ent	er the mode of dyir	ng, such as cardiac or	respiratory arres	st,	l fr	approximate nterval Between Onset and Death
Jan Jan Jan Jan Jan Jan Jan Jan Jan Jan	Physician		Immediate Cause (Final disease or condition resulting in death)	a acu	e	yo C	adial,	mja	ww		SP
	/Medical Examiner		Todaling in doubly	Due to (or as a consec	quence of):	J.		/			50
		7	Sequentially list conditions,	b. Due to (or as a consec	mence of).						, , ,
	nsit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury		,						
	ficate be executed physician and is the burial-transit	Exal	that initiated events resulting in death) Last	C	quence of):						
68/60,	siciar b buri			d							
9	tificate ng phy as the	Medical		· · · · · · · · · · · · · · · · · · ·							
X R R	law requires that the death certificate be executed as been signed by the ettending physician and 2 should be detached for use as the burial-transit	Z	IF FEMALE: 23b. Was decedent pregnant	23c. If yes, outcome of pregn 1 ☐ Live birth 2 ☐ Fete		7c			23d. Date of	f delivery	
n	death	Physiclan/N	in the past 12 months? 1 ☐ Yes 2 ☐ No	4 Pregnant at time of c		Ectopic pregnancy Other (specify) _	<i>y</i>		Month	Da	ay Year
л О	that the dended by the ended by	hys	9 🗆 Unknown	9□ Unknown							
	es tha igned be de	by F	Part II. Other significant conditions	contributing to death but not re-	sulting in the u	nderlying cause giv	en in Part I.	23e. Did toba	acco use contribu	te lo the	cause of death?
ğ	w require been si should b	ted						1 🗆 Yes	s 2□No 3[	] Probab	Unknown
Hecords,	law re as be 2 she	Completed						24a. Was an autopsy		e autops	y findings available pletion of cause of
	The ete ha	E O						perform	ed? deat		
Vital	rsicien: The law s certificete has t lirector, page 2 s	Be	25. Was case referred to medical examiner?				26. Place of Death				
> 0	hysic his ce I dire	Tol	1 Yes 2 No	Hospital: 1 Timpatient 2	ER/Outpatier	nt 3□ DOA Oth	ner: 4 ☐ Nursing Hom	ne 5 🗆 Residen	nce 6 Other (	Specify)	
_	ding Ph h. After th funeral	on;	27. Manner of Death 1 ☐Natural 5 ☐ Pending	28a. Date of Injury (Month, Day Year)	28b. Time of Injury	Wor	y at 2	8d. Describe hov	w injury occurred		
<u> </u>	ttendi death. ctor: A r the fu	catl	2 ☐ Accident investigation 3 ☐ Suicide 6 ☐ Could not the	20			Yes 2 □ No				
Division	- 0 0	Certification;	4 Homicide determined	28e. Place of Injury - At h building, etc. (Speci	iome, farm, str fy)	eet, factory, office	2	8f. Location (Stre City or Town,	eet and Number o State)	r Rural F	loute Number,
_	Hospital 24 hours a Funeral C		29a Contition 1 N Camillain - 2	huniaian. Ta the best of a site	awlada- d	h		ad don to the			
	To the Hospital or within 24 hours after To the Funeral Dir completely filled in	Medical	29a. Certifier 1 Certifying P (Check only 2 Medical Exa	hysician: To the best of my knominer: On the basis of examination and magner stated.	ation and/or in	vestigation, in my o	me, date and place, a ppinion, death occurre	nd due to the cat d at the time, dat	use(s) and manne te and place, and	due to th	ad. ne cause(s)
	To the within 2 To the comple	Mec	29b. Signature and title of certifier	$\gamma / \gamma$		29c. Licens		29	d. Date signed (N	fonth, Da	ly, Year)
	⊢≯⊢ŏ	<		Hent	in			8	Sep	14	2806
			30. Name and address of person, who	completed cause of death (Ite	m 23a) (Tvne-	Print)	. //	1		17	
カ	1		MICHAIN	" RENTAW	VILL	IFF POKT	H76 HWAY	HNNAP	UNKIDO	21	40/

Registrar
DHMH 17 Rev 1/2001

State

31. Date filed (Month, Day, Year)

SEP 1 8 2006

32. Refistrar's Signature

			1 - State Registrar	State of Ma	aryland / Depa <i>Cei</i>	artment of F rtificate of I			gieneZUU6 Reg. No.	31375
Ç.A.	Physici		1. Decedent's Name (First, Middle, Last Edward Stanley Si	•				2. Date of Dea Month Septemb	Day Year	3. Time of Death 11:00 A M
	/Medio Examir		4a. Facility Name (If not institution, give			4b. City, Town, o	r Location of Death	1	4c. County of Dea	
	Funeral Director		Sommerset House 5. Social Security Number 216-50-8260	XM 2□F	o (In yrs. last birthday) 59 Yrs.	Bowie If Under 1 Year Months Days	If Under 24 Hrs. Hours Min.	8. Date of Birth (Month, Day 06/06/1	v, Year) C	eorges  hplace (State or Foreign ountry)  yland
	and w		Usual Residence of Decedent  10a. State 10b. County		10c. City, Town or Lo	cation				10d. Inside City Limits
	Maryi -f sho	tor	Maryland Prince G	eorges	Bowie					1 X Yes 2 □ No
	r 28a	Director	10e. Street and Number			10f. Zip Code			10g. Citizen of What C	ountry?
	th with		12319 Stonehaven L	ane #25		20715			USA	
336	72 hours after death with the Maryland matural; or Items 23a or 28a-f show digal Examinar must be notified at	by Funeral	11. Marital Status  1XXNever Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent I Armed Forces? 1 Yes 2XX If Yes, Give Year or Dates:	lo	Was Decedent of H f Yes, specify Cuba 1 ☐ Yes 2 X No	lispanic Origin? (Sp an, Mexican, Puerto Specify:	ecify Yes or No- Rican, etc.)	Black, Whi	
ğ	72 hou		15. Decedent's Edu (Specify only highest grad	ucation	16a. Deced	dent's Usual Occup	ation during most of work	··na	16b. Kind of Business	
Maryland 21215-0036	l within 72 ho lene. r than "natur the Medical	Completed	Elementary/Secondary (0-12)	College (1-4or 5	life.	DO NOT use retired	during most of work d)	nig .		
2			17. Father's Name (First, Middle, Last)	5+	Defe	nse Attor			Law Maiden Sumame)	
anc	ed at a	o Be	Edward Stanley Si	tko Sr			Madeline			
<u>2</u>	2 should and Men Is marke sumatic	2	19a. Informant's Name/Relationship (T		19b. Mailir	ng Address (Street			r, City or Town, State,	Zip Code)
	s 1 and 2 should of Health and Mer item 27 Is marke other traumatic		Alexander McAllist	er/ Friend			Lane Bov			
Baltimore,	00		20a. Method of Disposition 1 ☐ Burial 2 ※Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify,		20b. Place of Dispo cemetery, crer Huntt Cre	natory or other plac	ce)	Date 3/2006	20c. Location - City of Waldorf, I	
Balt	permit. Pag Department Important: I any injury o		21. Signature of Eureral Service Licens	9		. Name and Addres			Evans Fun , MD 20715	
	Physician /Medical Examiner	)r	23a. Part1. Enter the disease, or comp shock, or heart failure. List only o Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions.	a	the death. Do not ent e		ng, such as cardiac	or respiratory an	rest,	Approximate Interval Between Onset and Death
68760,	ficate be executed physician and is the burial-transit	edical Examiner	Fary, leading to instruction cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	c	a consequence of):					
O. Box	death certi e attending d for use a	Physician/Me	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 ☐ Yes 2 ☐ No 9 ☐ Unknown	23c. If yes, outcome 1 ☐ Live birth 4 ☐ Pregnant at 9 ☐ Unknown	2 ☐ Fetal death 3 ☐	Ectopic pregnancy Other (specify)	1		23d. Date of de Month	blivery Day Year
7	The law requires that the site has been signed by this page 2 should be detache	by	Part II. Other significant conditions co	entributing to death bu	it not resulting in the ui	nderlying cause giv	en in Part I.	23e. Did to	obacco use contribute t	o the cause of death?
of Vital Records,		Completed						24a. Was a autop perfor	sy prior to med? death?	utopsy findings available completion of cause of s 2 \sum No
Z	Physicien: this certific ral director,	Be	25. Was case referred to medical examiner?	Hospital:		Oth	26. Place of Deat			
To noi	ding h. After fune	tlon: To	1 ☐ Yes No  27. Manner of Death  1 ☐ Natural 5 ☐ Pending 2 ☐ Accident investigation	Hospital:  ↑ ☐ Inpatie  28a. Date of Injur (Month, Day	nt 2 EP/Outpatien y 28b. Time of 'Year') Injury	28c. Injun Wor	4   Nuising no		lence 6 Other (Spe ow injury occurred	9CIfy)
DIVISION	iel or Attendi s after death. el Diractor: A ed in by the fu	Certification:	3 Suicide 6 Could not be 4 Homicide determined	28e. Place of Injubulding, etc	iry - At home, farm, str :. (Specify)	eet, factory, office		28f. Location (S City or Tow	Street and Number or R m, State)	lural Route Number,
	To the Hospitel or Atti within 24 hours after de To the Funerel Directo completely filled in by th	edical	29a. Certifier (Check only one) (Check only one) (Check only one)	vsician: To the best of iner: On the basis of and manner sta	examination and/or inv	n occurred at the tin vestigation, in my o	ne, date and place, pinion, death occur	and due to the ored at the time, or	cause(s) and manner a date and place, and du	s stated, e to the cause(s)
	To t To t	Σ	29b. Signature and title of certifier	1-		29c. Licens	e number	4	29d. Date signed (Mon	***
)			19100		2 m	D	35820		9/15/0	6
	0		30. Name and address of person who co	ompleted cause of	with (Item 23a) (Type,	Print)	Ray	= ~.		
Ę/kg	Sta	ato.	31. Date filed (Month, Day, Year)		r's Signature	0	13000 (6	-, (0)		
	Registr			006	a & A	mark!				

State of Maryland / Department of Health and Mental Hygiene 2006 3 | 376

		•	1 - For Stata Ragistrar	Otato o	,	Cer	tificate of	Death	Re	ig. No.	00 31370
			Decedent's Name (First, Middle	, Last)					2. Date of Deat Month	h Day	3. Time of Death
	Physicia /Medic	al	Durward	Clayton		Shoc	kley		Septeml	oer 19,	2006 9:15 AM ^M
	Examin	_	4a. Facility Name (If not institution		)		•	r Location of Death	h	4c. County	
			15071 Kemp Nu: 5. Social Security Number		ge (In yrs. last I	hirthday)	Princes	s Anne	8. Date of Birth	Some	rset  9. Birthplace (State or Foreign
	Funeral Director		217-36-0739 Usual Residence of Decedent	1 M 2□F	89	Yrs.	Months Days	Hours Min.	(Month, Day, 02-01-19	Year)	Country) Maryland
	land w		10a. State 10b. County		10c. City, To	own or Loc	cation				10d. Inside City Limits
	Mary -f sh	į	MD Somer:	set	Princ	cess	Anne				1 Tyes 2 No
	or 28¢	ire	10e. Street and Number				10f. Zip Code		1	0g. Citizen of W	/hat Country?
	ath wi	la l	15071 Kemp Nu:				2185			USA	
21215-0036	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or Items 23a or 28e-f show empty injury or other traumatic evant, I'ne Medical Extrainer rate be notified at DDGs.	Completed by Funeral Director	11. Marital Status  1 Never Married 2 Marria 3 Widowed 4 Divorced	12. Was Deceden Armed Forces ied 1 ☐ Yes 2 K If Yes, Give Year or Dates:	No.		Vas Decedent of F Yes, specify Cub.	lispanic Origin? (S an, Mexican, Puerl Specify:	pecify Yes or No- to Rican, etc.)		a-American Indian, k, White, etc. : : : White
20	72 ho	eted	15. Deceden (Specify only higher	t's Education	16	Sa. Deced	ent's Usual Occup	ation during most of world)	rking	16b. Kind of Bu	siness/Industry
2	ithin se	nple	Elementary/Secondary (0-12)	College (1-4or				1)			
2	fled w flygier her th		7. Father's Name (First, Middle,	none	1	Farme	r	18. Mother's Nar	me (First, Middle, M	Agricu.	
anc	od of	) Be	William C. Sho					Lena Bo			
Maryland	Should be mark mark	၉	19a. Informant's Name/Relations		1:	9b. Mailin	g Address (Street		ural Route Number	, City or Town,	State, Zip Code)
<b>S</b>	nd 2 state at trau		Robert Shockle	/nephew	2	27856	Oriole	Road, Pr	incess Ar	nne, Md	. 21853
Je,	of Hear		20a. Method of Disposition	0 DD State	20b. Place ceme	of Dispos	sition (Name of natory or other pla	се)	Date	20c. Location -	City or Town, State
E	Page nent c ant: If ary or		18 Burial 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other (S		, ,				-22 <b>-</b> 2006P	rincess	Anne, MD
Baltimore,	permit. Departn Imports eny inju		21. Signature of Funeral Service	Licensee		22 H	Name and Addre	ss of Facility neral Hon	ne		
	49 F P 91		Ina Zyll		0295	1	1673 Some	erset Ave	Princ	ess Ann	e, MD 21853 Approximate
			Part1. Enter in soil earle, or shock, or heart ailure. List	only one cause on each	ine.	o not ente	er the mode of dyl	ng, such as cardia	c or respiratory arre	est,	Interval Between Onset and Death
	Physician		Immediate Cause (Final disease or condition resulting in death)	_ a			ASW	2			Syon
L	/Medical Examiner			Due to (or a	s a consequenc	ce of):					
		er	Sequentially list conditions, if any legisle	b. Due to (or a	s a consumenc	ce of):					
	outed id ansit	Examiner	cause. Enter Underlying Cause (Disease or injury that initiated events	С.							
o,	rtificate be executed ng physician and as the burial-transit		resulting in death) Last	Due to (or a	s a consequenc	ce of):					
68760,	ate be hysici	lica		d							1/4-2
		Physiclan/Medical	IF FEMALE:	23c. If yes, outcom	e of pregnancy					23d Dat	e of delivery
Вох	death cer e attendin od for use	clan	23b. Was decedent pregnant in the past 12 months?	1 ☐ Live birth	2 ☐ Fetal dea at time of death		Ectopic pregnanc Other <i>(specify)</i>	<i>y</i>		Moi	*
o.	D 0 D	ysic	1 ☐ Yes 2 ☐ No 9 ☐ Unknown	9□ Unknown			,,,				
Records, P	ires tha signed d be de	ρ	Part II. Other significant conditi	ons contributing to death	but not resulting	g in the ur	nderlying cause gr	ven in Part I.	23e. Did tol	_	ribute to the cause of death?  3 Probably 4 Unknown
S	w requ	Completed	0						24a. Was a		Vere autopsy findings available
æ	The lav	mo							autops perform	med?	orior to completion of cause of death? □ Yes 2□ No
Vital		0	25. Was case referred to medica	ı				26. Place of De	ath (Check only on		
Ţ	ysici is cel direc	To B	examiner?	Hospital: 1 ☐ Inpa	tient 2 ER/	Outpatien	t 3□ DOA Ot	ner: 4 ☐ Nursing H	Home 5 Aeside	ence 6 Oth	er (Specify)
n of	ding Ph h. After th funeral		27. Manner of Death 1 ☑Natural 5 ☐ Pendi	28a. Date of In (Month, D	jury 28t lay Yeer)	b. Time of Injury	Wo		28d. Describe ho	ow injury occurr	red
sio	eat or:	catl	2 Accident investi	gation	i a Albama	form at		Yes 2 □No	29f Location (SI	treat and Numb	er or Rural Route Number,
Division	s after de la Direct	Certification;	4 Homicide determ	nined 200. Flace of I	etc. (Specify)	, rarm, str	eet, factory, office		City or Town	n, State)	
	To the Hospital or A within 24 hours after To the Funeral Dire completely filled in b	Medical (	29a. Certifier 1 Certifying (Check only one)	ng Physician: To the bes Examiner: On the basis and manner:	of examination	dge, death and/or in	n occurred at the ti vestigation, in my	me, date and place opinion, death occ	e, and due to the curred at the time, d	ause(s) and ma ate and place,	nner as stated. and due to the cause(s)
	To the within 2 To the comple	Me	29b. Signature and title of certifie	er .			29c. Licen	se number	2	9d. Date signed	d (Month, Dey, Year)
	- > - 0		> 2ndr	Nathan DR	USHAN	ATESA	N Du	57359		Septemb	n 21 st 2006
			30. Name and address of person	who completed cause of	death (Item 23	a) (Type,	Print)				
			1415. S. DIV	15 10N ST, S	ALISSUM	ry, r	19 21804				
	Sta Regist		31. Date filed (Month, Day, Year	2 5 2006	tra 's Signature	. do	1. 4				

		1 - For Amend #5 Per F.	H C860 IO/12/	96 Jil	artme <i>rtifica</i>	nt of H	ealth and Death	Mental Hy	giene Reg. No.	2006	31377
	W.	Decedent's Name (First, Middle, Last)						2. Date of De	ath		3. Time of Death
Physicia /Medic		RONALD WAYNE	STEELE					Month SEPTEMB	Day FR 1	3, 2006	12:24 A ^M
Examin		4a. Facility Name (If not institution, give	street and number)		4b. Cit	y, Town, or	Location of De			County of Death	1 12 2 2 7 11
	1959	PRINCE GERORGE HO	SPITAL CENTER	t .	CI	EVELY			P	RINCE GE	ORGE
Funeral Director		227-76-3316	7. Age (In yrs. 53	last birthday) Yrs.	If Unc Month	er 1 Year S Days	If Under 24 H Hours Mi	n. (Month, Da	iy, Year)	9. Birthr Coul 953 VIRO	
and *		Usual Residence of Decedent  10a. State 10b. County	10c. Ci	ty, Town or Lo	ocation						10d. Inside City Limits
ter death with the Marylan Itame 23e or 28e-f chow tret reset be rigitlied at	5	MARYLAND PRINCE G		PITOL		UTC					1√∑Yes 2 ☐ No
tha 1	Director	10e. Street and Number	EURGE CA	FIIOL	7	ip Code			10g. Citiz	zen of Whal Cour	ntry?
3a or		4714 ROLLINGDALE W	ΔV		20	743				USA	
death	Funerai		12. Was Decedent Ever in U		Was Dec	edent of His	spanic Origin?	(Specify Yes or No		14. Race - Americ	
within 72 hours after death with the Maryland ene. than "natural", or iteme 23e or 28e-f ehow he hedleaf Exerplinat nast by truffled at	ρχ	1 X Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	Armed Forces? 1 ☐ Yes 2 X No If Yes, Give Year or Dates:			ecity Cubar 2X No	Specity:	erto Rican, etc.)		Black, White,  Specify: BLA	
2 hou	ted	15. Decedent's Edu	cation	16a. Dece	denl's Us	ual Occupa	tion		16b. Kir	nd of Business/In	dustry
s 1 and 2 should be liled within 72 hours after de I Health and Mental Hygiene. Item 27 ie marked other then "neturel", or Iteme other traumatic event, Tre Medical Exertimet.	Completed	(Specify only highest grade	Coltege (1-4or 5+)	life.	DO NOT	use retired)	uring most of w	vorking	US I	DEPT OF	ENERGY
il Hygid other	Bec	17. Father's Name (First, Middle, Last)					18. Mother's N	ame (First, Middle			
ould ba I Mental parked c	To B	ROBERT STEELE					MERLE	ENE HARRI	S STE	EELE	
2 sho and h ie ma		19a. Informant's Name/Relationship (Ty	pe, Print)	19b. Maili	ng Addre	ss (Street a	nd Number or i	Rural Route Numb	er, City or	Town, State, Zip	Code)
of Health of Health litem 27 i		SENORA YVONNE LEE	0.000	-			IVE CAP	PITOL HEI	GHTS,	, MARYLA	ND 20743
of He		20a. Method of Disposition  1 X Burial 2 ☐ Cremation 3 ☐ R	emoval from State	Place of Dispo cemetery, crea	matory o	other place		Date	20c. Loc	cation - City or To	own, State
Pages ment of tant: If it		4 ☐ Donation 5 ☐ Other (Specify)	HIS	TORYLA	ND M	EM. PA	ARK 9	/20/2006	KIN	IG GEORGI	E, VIRGINI
parmit. Pages Department of h Important: If its any injury or of		21. Signature of Funeral Service License Eugene W. Lee C	0	* LE	E FU	$\mathtt{NERAL}$	HOME,	INC.	KING	GEORGE.	VA 22485
		23a. Part1. Enter the disease, or compli shock, or heart failure. List only or	calions that caused the deal							CHOROL,	Approximate Interval Between
Physician		Immediate Cause (Final disease or condition	MASSIVE I	MEAC	ZAN	AL /	TNTOAV	ENTOLL	1. B	राह्म	Onset and Death
/Medical		resulting in death)	Due to (or as a consec			-	310110111	DI TIACUL	HR 17	, , ,	
Examiner		Sequentially list conditions,	HYPERTEN	SION							
D ==	ner	if any, leading to immediate cause. Enter Underlying	Due to (or as a consec	uence of):							
ecute and trans	Examiner	Cause (Disease or injury that initiated events resulting in death) Last	RENAL FA								
cate be executed physician and the burial-transit	E		Due to (or as a consec	uence or);							
ficate be executed physician and s the burial-transit	dical		l								
that the death certifi ed by the attending I detached for use as	Physician/Me	IF FEMALE:	3c. If yes, outcome of pregna	ancy						and David of Halling	
atter I for u	cian	in the past 12 months?	1 Live birth 2 ☐ Feta 4 ☐ Pregnant at time of o	Ideath 3	Ectopic Other	pregnancy specify)			2	3d. Date of delive Month	Day Year
the d y the iched	ysi	1 ☐ Yes 2 ☐ No 9 ☐ Unknown	9□ Unknown		2 0 11101						
that	by P	Part II. Other significant conditions con	tnbuting to death but not res	ulting in the u	nderlying	cause give	n in Part I.	23e. Did t	obacco us	se contribute to It	ne cause of death?
w requires the bean signer should be	D D	DIABETER MEZ	LITUS					10	Yes 2 7	3 Prob	ably 4 \( Unknown
swreques spean	Completed	CONDESTIVE HEART	PAILLING					24a. Was		24b. Were aulo	psy findings available mpletion of cause of
The It	E		177,000,100					aulor perfo	ormed?	prior to co death? 1 \( \sum \text{Yes}	
an: tifica	a a	25. Was case referred to medical					26. Place of D	eath /Check only o		1 103	2010
Physician: The law requires that the death certific this certificate has bean signed by the attending frai director, page 2 should be detached for use as	ToB	examiner?	ospital: Inpatient 2	ER/Outpatier	nt 3 🗆 [	OA Othe	-	Home 5 ☐ Resi		☐Other (Specif	(v)
ding Ph After th funeral		27. Manner of Death  1 ☑Natural 5 ☐ Pending	28a. Date of Injury (Month, Day Year)	28b. Time o	f	28c. Injury Work		28d. Describe			
Attending r death. ector: After by the fune	atic	2 Accident investigation	,,,		М		es 2 No				
를 를 들는	Certification;	3 Suicide 6 Could not be determined	28e. Place of Injury - At h building, etc. (Special	ome, farm, sti	eet, facto	ry, office		28f. Location (. City or Tox	Street and wn, State)	<i>Number</i> or Rura	il Route Number,
To the Hospital or within 24 hours after To the Funeral Dir completely filled in	edical C	29a. Certifier 1 Certifying Phys (Check only one)	sician: To the best of my kno ner: On the basis of examina and manner stated.	wledge, deat tion and/or in	h occurre vestigation	d at the time in, in my op	e, date and pla- inion, death oc	ce, and due to the curred at the time,	cause(s) a	and manner as s place, and due to	tated. the cause(s)
ithin o the omple	Med	29b. Signature and title of earlifier	and maining states.		2	9c. License	number		29d. Date	signed (Month,	Day, Year)
⊢ ≯ ⊢ ŏ		1 Collection	2		1		4366			9/13/04	
		30. Name and a dress of person o co	mpleted cause of death (free	n 23a) (Tuno						1/1 2104	•
P		MUIAM BOYCE	PG HISP	20a) (1yp <del>0</del> ,	- ont)						
Sta	te	31. Date filed (Month, Day, Year)	32 Phistrar's Signa	ıture	,						
Registr		SEP 1 9 2		K 4	Gard						

State of Maryland / Department of Health and Mental Hygiene 1 - For State Registra Certificate of Death Reg. No. 2 1 6 2. Date of Death 1. Decedent's Name (First, Middle, Last) Month Cay LORETTA **Physician** 2:26 16 200b /Medical 4b. City, Town, or Location of Death 4c. County of Death 4a. Facility Name (If not institution, give street and number) Examiner BALTIMORE SHAS HOSPITAL 615 HOPKINS If Under 1 Year II Under 24 Hrs. 8. Date of Birth (Month, Day, Year)

June 15, 1937 Birthplace (State or Foreign Country)
 NC 5. Social Security Number 7. Age (In yrs. last birthday) 6. Sex **Funeral** 1 □ M 2 😡 F 69 Director 246-56-6996 Usual Residence of Decedent 10c. City, Town or Location 10d, Inside City Limits 10b County 10a State in then "naturel", or items 23s or 28s-f show the Medical Exempter must be notified at 1 X Yes 2 □ No Director MD Wicomico Salisbury the 10e. Street and Number 10f. Zin Code 10g. Citizen of What Country? 1509 Esquire Drive 21801 USA death Completed by Funeral permit. Pages 1 end 2 should be tiled within 72 hours after deat. Department of Health and Mental Hygiene. important: if item 27 is marked other than any injury or other traumment. Was Decedent of Hispanic Origin? (Specify Yes or No-II Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 12. Was Decedent Ever in U.S. Armed Forces? ☐Yes 2☐MNo 1 □ Never Married 2 □ Married 1 ☐ Yes 2 ☐ No Specify: If Yes, Give Year or Dates: Specify: Black 3 Widowed 4 □ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Housewife Homecare 12 18. Mother's Name (First, Middle, Maiden Sumame) 17. Father's Name (First, Middle, Last) Be Ben Cunningham Martha Bowden 2 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Brenda Youmans/daughter P. O. Box 771, Salisbury, MD 21803 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a, Method of Disposition 20c. Location - City or Town, State 1 XBurial 2 ☐ Cremation 3 ☐ Removal from State 9/23/2006 Springhill Memory Salisbury, MD 4 Donation 5 Other (Specify) 21. Signature J Funeral Service License 22. Name and Address of Facility Lewis N. Watson Funeral Home 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) Wan - ISCHEMIC YEARS **Physician** CARDISMYOPATHT /Medical Due to (or as a consequence of): Examiner Separatedly list conditions if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events Due to (or as a consequence of): Examiner burial-transit or Attending Physicien: The law requires that the death certiticate be executed attending physicien and for use as the burial-tran resulting in death) Last Due to (or as a consequence of): Box 68760. Physician/Medical IF FEMALE 23c. If yes, outcome of pregnancy
1 Live birth 2 Fetal death 23d. Date of delivery 23b. Was decedent pregnant 3 Ectopic pregnancy in the past 12 months? Month Dav Year 4☐Pregnant at time of death 5 Other (specify) P.0. 9 🗆 Unknown 23e. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Division of Vital Records, 2 1 ☐ Yes 3 ☐ Probably 4 ☐ Unknown Completed 24a. Was an autopsy perform 24b. Were autopsy findings available prior to completion of cause of death?

1 ☐ Yes 2 ☐ No certificate has 2 1 ☐ Yes After this certification, funeral director, Be 25. Was case referred to medical 26. Place of Death (Check only one) Hospital: 1 Impatient Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2000 2 ER/Outpatient 3 DOA Certification: To 28c. Injury at Work? 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred Injury 1 Notural 2 Accident 5 Pending death. 1 ☐ Yes 2 ☐ No investigation Director: 6 Could not be determined 28e. Place of Injury - At home, larm, street, faclory, office building, etc. (Specify) 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) filled in by 4 | Homicide within 24 hours after To the Funeral Dire Hospitei Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medicai sompletely (Check only one) To the h 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifier RES-600 SEPTEMBER 16, Dobb MEDICAL DOCTOR 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) BALTIMORE 21287 ANDRY THE DOHN HOPKINS HOSPITAL, GOO NORTH WOLFE STREET MARYLAND 32. Rigistrar's Signature 31. Date filed (Months Pay Year) State 0 Source Registrar

		1 - State Registrar	State of Marylan		artment of H		Mental Hy	giene Reg. No. 20	06	31380
		1. Decedent's Name (First, Middle, Last)					2. Date of De	aath Day	Year	3. Time of Death
Physicia /Medic		EVELYN ELIABETH QUE	EN TRAVERS				SEPTEM	BER 19,	2006	8:40 P M
Examin	er	4a. Facility Name (If not institution, give str RESIDENCE. #14 TRAV			4b. City, Town, or INDIAN	HEAD		4c. County	of Death	
Funeral Director		5. Social Security Number 6. Sex 217-30-1045	7. Age (in yrs. 74	last birthday) Yrs.	If Under 1 Year Months Days	If Under 24 H Hours Mi	8. Date of Bi	th Уеагі 3, 1932	9. Birthpl Count MARY	ace (State or Foreign try) LAND
aryland show		10a. State 10b. County	10c. Cit	y, Town or Lo	cation				10	Od. Inside City Limits
Mary a-f sh	tor	MARYLAND CHARLES	INI	DIAN HI	EAD					1 Yes 2 □ No
ith the M or 28a-f	Director	10e. Street and Number			10f. Zip Code			10g. Citizen of V	What Coun	try?
ath wi		#14 TRAVERS ROAD			20640			UNITED		
hours after death with the Maryland hours after death with the Maryland ture!, or items 23s or 28s-f show at Examiner must be notified at	by Funerai	11. Marital Status 12 1 □ Never Married 2 □ Married 3 ☑ Widowed 4 □ Divorced	2. Was Decedent Ever in U Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates:		Was Decedent of Hi If Yes, specify Cuba 1 ☐ Yes 2 🛣 No	spanic Origin? n, Mexican, Pu Specify:	(Specify Yes or No arto Rican, etc.)	Specify	e - America ck, White, e	etc.
72 hour "naturel"	Completed	15. Decedent's Educa (Specify only highest grade		16a. Dece	dent's Usual Occupa	ation	rodkina	16b. Kind of B		
d within 72 ho piene. Ir then "netu	npie	Elementary/Secondary (0-12)	College (1-4or 5+)	life.	DO NOT use retired	)	orking .	*************		
filed within 72 Hygiene. Sther than "na Int, Ine Widle		8TH GRADE		HOUS	SEWIFE	10 14-45-4- 1	ann /Fine Middle	HOME		
nd 2 should be filed within nd 2 should be filed within and Mental Hygiene. The marked other than it reaumatic evant, it a Missian is a should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be	To Be	17. Father's Name (First, Middle, Last)  JAMES H. QUEEN				MARY M	ADELINE I	BARNES		
and 2 sh ealth and n 27 is m		19a. Informant's Name/Relationship (Type TESSA TRAVERS KELTO			ng Address (Street a					
other		20a. Method of Disposition	/	Place of Dispo emetery, crer	sition (Name of matory or other place	θ)	Date	20c. Location -	City or To	wn, State
Pages nent of ant: If its		1	moval from State		LES CEMET		EMBER 25,	2006 GLYM	ONT, M	<b>IARYLAND</b>
permit. Pages 1 and 2 Department of Health a Important: if item 27 is any injury or other tra		21. Signature of Funeral Service Acenses	Lew Thomas	_ III	Name and Addrese HORNTON FT	INERAL.	HOME, P.A	A LÂN HEAD	.MARY	LAND 20640
All provided are be executed white burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit the burial-transit t	i Examiner	23a. Part1. Enter the disease, or complications, or heart failure. List only one immediate Cause (Finat disease or condition resulting in death)  Society field in the conditions of any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	Due to (or as a consequence to (or as a consequence)	uence of):	anter	y les	ac or respiratory a	nrest,		Approximate Interval Between Onset and Death
auth certificate attending phy.	hysician/Medicai	d.  IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 □ Yes 2 ☑ No 9 □ Unknown	c. If yes, outcome of pregna 1 Live birth 2 Feta 4 Pregnant at time of d	I death 3	Ectopic pregnancy Other (specify)			23d. Da Mo	te of delive	ry Day Year
res that the digned by the be detached	by P	Part II. Other significant conditions conti	ributing to death but not res	ulting in the u	nderlying cause give	on in Part I.	- X			e cause of death?
requi been s should	eted	surt de de l'	The Address	4	1	2. 1.1.		Yes 2□No		
The law cate has t page 2 s	Completed	(sypotemie ) +	There us	_	- Arren	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	24a. Was auto perfe	psy ormed?	prior to con death?	osy findings available inpletion of cause of 2 No
ician: Th certificate rector, pag	Be	25. Was case referred to medical examiner?	anital:		104		eath Check only	one)		
Physic this call dir	7	1 Yes 2 No	spital: 1 Inpatient 2 I	ER/Outpatier 28b. Time of		4 Li Nursing	Home 5 Res			)
After tuner	tion	1 Natural 5 ☐ Pending	28a. Date of Injury (Month, Day Year)	Injury	Work	rai ⟨? Yes 2 □No	200. Describe	how injury occur	.00	
To the Hospital or Attending Physician: The I within 24 hours after death. To the Funeral Director: Atter this certificate he completely filled in by the funeral director, page	Certification;	2 Accident investigation 3 Suicide 6 Could not be determined	28e. Place of Injury - At h building, etc. (Specif	ome, farm, str y)		22.110	28f. Location ( City or To	Street and Numb wn, State)	er or Rurai	l Route Number,
Hospita     24 hours     Funere etely fille	edicai C	29a. Certifier 1 Certifying Physi (Check only one) 2 Medical Examine	cian: To the best of my kno er: On the basis of examina and manner stated.	wledge, death	h occurred at the tim vestigation, in my op	ne, date and pla pinion, death oc	ce, and due to the curred at the time,	cause(s) and ma date and ptace,	inner as stand due to	ated. the cause(s)
To the To the To the Complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex c	Me	29b. Signature and title of certifier			29c. License	number		29d. Date signer	d (Month, L	Day, Year)
,		Darry	taket July	(m)	000	083	70 .	Sept 2	0,2	200 6
DB5		30. Name and address of person who com	Ave lap	plata	Print)	20646	o Pau	IE.	Ai.	tonett
Sta Registr		31. Date filed (Month, Day, Year) SEP 2 0 76	32. Figistrar's Signa	Rure A	hait .					

			For State Ragistrar	State of Maryland		nt of Health ai	nd Men	tal Hygier	2000	31381
	Physici /Medic Examin	ai	1. Degedent's Name (First, Middle, Last,  4. Fiacility Name (If not institution, give	$\mathcal{M}$	Ta	N O C		Date of Death Month	Pay Year 200 6	
	Funeral Director	CI	Chester Kive	er Hospital (	last birthday) If Und Yrs. Months	er 1 Year   If Under 2	Min. (	Date of Birth Month, Day, Yea	ar) Co	hplace (State or Foreign untry)
	se-f ehow	Director	Usual Residence of Decedent  10a. State 10b. County  MD QUEEN	10c. City	Y, Town or Location					10d. Inside City Limits 1 ☐ Yes 2 (No
	hours after deeth with the Maryland turel', or iteme 23a or 28a-f ehow at Executational be notified at	Funeral Dire	11. Marital Status	SLOW ROAD  12. Was Decedent Ever in U.  Armed Forces?		21630 edent of Hispanic Origi	in? (Specify Puerto Rica		L S A  14. Race - Ame Black, Whit	hrican Indian,
5-0036	72 hours after natural, or ite	þ	1 Never Married 2 Married 3 Widowed 4 Divorced  15. Decedent's Edu (Specify only highest grad		1 ☐ Yes	2 No Specify:				HITE
12 12 DI	a filed within 72 I Hygiene. other than "nai	Be Completed	Elementary/Secondary (0-12)  8  17. Father's Name (First, Middle, Last)	College (1-4or 5+)		ARMER		st, Middle, Maide	F G R I CU	LTURE
Maryland	d be so that a contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the	ToB	MAHLON A.  19a. Informant's Name/Relationship (T)	TAYUR	19b. Mailing Addre	ss (Street and Number	or Rural Ro		VERTON y or Town, State, 2	
altimore, M	Pages 1 and 2 shoul nent of Health and Mitt: if them 27 ie marliry or other traumati		20a. Method of Disposition  12 Burial 2 Cremation 3 F	Removal from State	lace of Disposition (Nemetery, crematory of	rother place)	Date	20c.	Location - City or	MD Town, State
Baltin	permit. Pag Department Important: i eny injury o once.		21. Signature of Funeral Service Licens		JESTER CE 22. Name MAA	and Address of Facility	9/18/2 -LIAM 15/201	5,5A. F	FUNERAL	DIRECTUR TOWN 190 2/62
	Physician /Medical Examiner		23a. Part1. Inter the disease, or complete shock or heart failure. List only of Immediate Cause (Final disease or condition resulting in death)	a. Due to (or as a consequ	114	ode of dying, such as ca	ardiac or res	spiratory arrest,		Approximate Interval Between Onset and Death
8760,	certificate be executed inding physicien and use as the burial-transit	dical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	Due to (or as a consequence Due to (or as a consequence Due to (or as a consequence de de de de de de de de de de de de de						
.O. Box 68	death certific e attending p ed for use as	Physician/Medic	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 □ Yes 2 □ No 9 □ Unknown	23c. If yes, outcome of pregnan 1 Live birth 2 Fetal 4 Pregnant at time of de	death 3 Ectopic				23d. Date of del Month	ivery Day Year
٦.	law requires thet the as been signed by th 2 should be detache	<u>م</u>	Part II Other significant conditions co	ntributing to death but not resu	ulting in the underlying	cause given in Part I.		23e. Did tobacce		o the cause of death?
Division of Vital Records,	The ate h page	Completed	Domenti	<u> </u>				24a. Was an autopsy performed?	prior to death?	itopsy findings available completion of cause of 2 No
Y VIE	Physicien: this certifica al director, p	To Be	1 165 2 AND		ER/Outpatient 3 [	OOA Other: 4 Nurs	sing Home		6 □Other (Spe	cify)
LO LO	Jing I After funer	atlon;	27. Manner of Death 1 ☑Natural 5 ☐ Pending 2 ☐ Accident investigation	28a. Date of Injury (Month, Day Year)	28b. Time of Injury M	28c. Injury at Work? 1 ☐ Yes 2 ☐ No		Describe how in	jury occurred	
DIVIS	를 들는 드	Certification;	3 Suicide 6 Could not be 4 Homicide determined	28e. Place of Injury - At ho building, etc. (Specify	ome, farm, street, factory)	ory, office		Location (Street City or Town, Sta		ural Route Number,
	To the Hospital within 24 hours e To the Funeral I completely filled	edical	29a. Certifier 1 ☐ Certifying Phy (Check only one)	sician: To the best of my knowner: On the basis of examinat and manner stated.	wiedge, death occurre tion and/or investigation	ed at the time, date and on, in my opinion, death	place, and occurred a	due to the cause t the time, date a	(s) and manner as and place, and due	stated. to the cause(s)
)	To the vithin 2 To the complet	W	29b. Signature and title of Kernifier		2	9c. License number	24	29d. [	Date signed (Month	
1	300		30. Na Managaddres Domin Mo	n St (0	C/QUC	D5882	216	35		
	Sta Regist		31. Date filed (Month, Day, Year) SEP 1 8	2006 ^{32. Regis ar's Signal}	ture .	* 2			M	

		1 - For State Registrar	State of Marylan		artment of I			ne No. 2006	5 31382			
Physic		Decedent's Name (First, Middle, Last)     Felix A. Vilchez						Day Year r 16. 200	3. Time of Death 06 12:45 a.M			
/Med Exami		4a. Facility Name (If not institution, give : Holy Cross Hospit				or Location of Death	n	4c. County of Deat				
Funera Director		5. Social Security Number 6. Sec. 15	M 2 F	las <i>t birthday)</i> 78 Yrs.	If Under 1 Year Months Days	If Under 24 Hrs. Hours Min.	(Month, Day, Ye	8. Date of Birth (Month, Day, Year)  Sept. 18, 1927 Nicaragua				
Maryland -f ehow	tor	Usual Residence of Decedent  10a. State  10b. County	10c. Cit	y, Town or Lo					10d. Inside City Limits 1 ☐ Yes 2 ☐ No			
With the 3a or 28e	I Director	Maryland   Mont   10e. Street and Number   12016 Bluhill F		Whea	10f. Zip Code	20902	10g.	Citizen of What Co USA	ountry?			
permit. Peges 1 end 2 should be filed within 72 hours after deeth with the Maryland Department of Health and Mental Hygiene. Important: if Item 27 is marked other then "naturel", or iteme 23a or 28e-f show any injury or other treumatic event, the Madical Examinar must be notified at energy injury or other treumatic event, the Madical Examinar must be notified at energy.	by Funeral	11. Marital Status  1 Never Married 2 Married  3 Widowed 4 Divorced	12. Was Decedent Ever in U Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates:	1	Vas Decedent of I f Yes, specify Cub y Yes 2 No	Hispanic Origin? (Sean, Mexican, Puert	pecify Yes or No- o Rican, etc.)	14. Race - Ame Black, White Specify: Whi	e, etc.			
within 72 hounds.	Completed	15. Decedent's Edu (Specify only highest grade Elementary/Secondary (0-12)	cation e <i>completed)</i> College (1-4or 5+)	(Give	DO NOT use retire	during most of world)	rking 16b	b. Kind of Business/	/Industry			
should be filed valued to the filed value warked other turnstice event, the	o Be Co	o 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) 18. Mother's Name (First, Middle, Maiden Surname) 18. Mother's Name (First, Middle, Maiden Surname) 18. Mother's Name (First, Middle, Maiden Surname) 18. Mother's Name (First, Middle, Maiden Surname) 18. Mother's Name (First, Middle, Maiden Surname)										
end 2 shou eaith and M n 27 is mai	-	19a. Informant's Name/Relationship (Ty Vilma Espinoza Vi			-		ural Route Number, Ci heaton, Ma					
Peges 1 en ment of Heginal international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international international int		20a. Method of Disposition  15☐ Burial 2 ☐ Cremation 3 ☐ R  4 ☐ Donation 5 ☐ Other (Specify)	lemoval from State	semetery, cren	sition (Name of hatory or other pla it'l Memori	1 1	20	Location - City or				
permit. I Departm Importar any injuj		21. Signature of Funeral Service Licens		F ²	aNarce and Addre	sscofigiins	Funeral H	ome Inc.	, MD 20901			
Physician		23a. Part 1. Enter the disease, or compleshock, or heart failure. List only of Immediate Cause (Final disease or condition	dations that caused the deat e cause on each line. Respiratory		-	ng, such as cardiad	or respiratory arrest,		Approximate Interval Between Onset and Death			
/Medical Examiner	1	resulting in death)  Sequentially list conditions, if any, leading to immediate	Due to (or as a consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of t	uence of): :ructiv		ary Disea	ase					
s be executed sicien and burial-transit	ai Examiner	cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  Due to (or as a consequence of):										
at ye at	n/Medical	IF FEMALE: 23b. Was decedent pregnant	d		Ectopic pregnanc			23d. Date of def	livery			
at the death by tha attentached for	Physician/Me	in the past 12 months?  1  Yes 2 No 9 Unknown	Month	Day Year								
The law requires that the death certific the has been signed by the attending page 2 should be detached for use as:	5	Part II. Other significant conditions cor	ntributing to death but not res	ulting in the ur	nderlying cause gr	ven in Part I.	23e. Did tobace		othe cause of death?			
	Completed						24a. Was an autopsy performed 1 ☐ Yes 2 🔀	1?   death?	utopsy findings available completion of cause of			
sicien: Th certificate rector, pag	Be	25. Was case referred to medical examiner?	lospital:	1	O		ath (Check only one)					
To the Hospital or Attending Physicien: within 24 hours after death. To the Funeral Director: After this certifical completely filled in by the funeral director,	ation: To	27. Manner of Death  19 Naturat 5 Pending 2 Accident investigation	28a. Date of Injury (Month, Day Year)	28b. Time of Injury	28c. Inju Wo	4 □ Nursing H ry at rk? □ Yes 2 □ No	10me 5 Residence 28d. Describe how i		cify)			
To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	Certification	3 Suicide 6 Could not be 4 Homicide determined	28e. Place of Injury - At h building, etc. (Special	ome, farm, str	eet, factory, office		28f. Location (Stree City or Town, S		ural Route Number,			
he Hospi in 24 hou he Funer pletely fill	edical	29a. Certifier 1 ☐ Certifying Phy (Check only one) 2 ☐ Medical Exami	sician: To the best of my kno ner: On the basis of examina and manner stated.	owledge, death tion and/or inv	occurred at the tivestigation, in my	ime, date and place opinion, death occu	e, and due to the cause arred at the time, date	e(s) and manner as and place, and due	s stated. to the cause(s)			
よ で で で の の の の の の の の の の の の の	×	29b. Signature and title of certifier	the n	12	29c. Licen D63	se number 343	1	Date signed (Mont. September	h, Day, Year) 18, 2006			
		30. Name and address of person who or Irina Ruban, M.D	1500 Forest	Glen	Road, Si	lver Spri	ng, MD 209	910				
S Regis	tate trar	31. Date filed (Month, Day, Year) SEP 19 2	32. Highstrar's Signa	ture A	arti				•			

State of Maryland / Department of Health and Mental Hygiene 2 1 - For State Registral Certificate of Death Reg. No. 2. Date of Death Month 1. Decedent's Name (First, Middle, Last) 3. Time of Death Day Year Physician JOHN WILSON 09 2006 /Medical 4a. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner Montgomery Washington Adventist Hospital Takoma Park If Under 1 Year If Under 24 Hrs. 8. Date of Birth
Months Days Hours Min. (Month, Day, Year) 9. Birthplace (State or Foreign 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** Days 1 X M 2 □ F Vrs 16, Director 579-26-0984 80 1926 South Carolina Usuat Residence of Decedent 10a. State 10c. City, Town or Location 10d. Inside City Limits 28a-1 ehow other traumatic event, the Madical Examiner must be notified at 1X Yes 2 □ No Director Cheverly Maryland | Prince George's 10e, Street and Number 10f. Zip Code 10g. Citizen of What Country? 5 or items 23a 1808 - 61st Ave. 20785 United States Funeral 12. Was Decedent Ever in U.S. Armed Forces? 1 XXYes 2 □ No If Yes, Give Year or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14, Race - American Indian, 11. Marital Status permit. Pages 1 and 2 should be filed within 72 hours after c Department of Health and Mental Hygiene. Important: If Item 27 ie marked other then "natural; or Item eny injury or other traumatic event, the Madical Exemples once. Black, White, etc. 1 Never Married 2 Married Baltimore, Maryland 21215-0036 1 ☐ Yes 2X No Specify: Black Specify: 3 ₩ Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Elementary/Secondary (0-12) College (1-4or 5+) Truck Driver Private 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Lucille Spearman John Wilson, Sr. 2 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7529 Riverdale Rd., New Carrollton, MD 20784 Gary Michael Wilson/Son 20a. Method of Disposition

143 Burial 2 Cremation 3 Removal from State 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 4 ☐ Donation 5 ☐ Other (Specify) Ft. Lincoln Cemetery 9/18/2006 Brentwood, MD 21. Signature of Funeral Service Licensee 22. Name and Address of Facility Stewart Funeral Home 4001 Benning Rd., NE Wash., DC 20019 23a. Part1. Effer the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, on heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) **Physician** Depos /Medical Due to (or as a consequence of): Examiner Sequentially list conditions, if any, leading to immediate cause. Litter underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of) Examiner ed by the attending physicien and detached for use as the burial-transit certificate be executed Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760 Physician/Medical IF FEMALE: 23c. If yes, outcome of pregnancy 1 Live birth 2 ☐ Fetal death 23d. Date of delivery 23b. Was decedent pregnant 3 ☐Ectopic pregnancy in the past 12 months? Month Day Year 4☐Pregnant at time of death 5 ☐ Other (specify) 9 Unknown sate has been signed by page 2 should be detach Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? \$ 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Unknown Completed 24b. Were autopsy findings available prior to completion of cause of death? this certificate has autopsy 2 \( \text{No} \) 1 Yes 2 🔀 No 1 Tyes To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director, Be 25. Was case referred to medical examiner? 26. Place of Death | Check only one Hospital: 1 Inpatient Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 🗵 No 2 ER/Outpatient 3 DOA 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Certification: 1 🔀 Natural 5 Pending investigation м 1 Yes 2 No 2 Accident 6 Could not be determined 3 🗌 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 \( \text{Homicide} 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated 29c. License number 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifier osach War, M.D D63703 09/13/06 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) W 2, TAKOMA BARK, MD SMBYASACH 32. Registrar's Signature 31. Date filed (Month, Day, Year) State SEP 2 0 2006 Registrar

State of Maryland / Department of Health and Mental Hygiene 2006 Certificate of Death 2. Date of Death 3. Time of Death 1. Decedent's Name (First, Middle, Last) Month Day 15th Jouls Physician anet Wickham /Medical 4c. County of Death 4b. City, Town, or Location of Death 4a. Facility Name (If not institution, give street and number) Examiner County General How Howard co lun be If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 9. Birthplace (State or Foreign 5. Social Security Number 6. Sex 7. Age (In vrs. last birthday) **Funeral** 1 □ M 2 👿 F JAN. 1914 WASHINGTON, DC 577 12 5375 92 20, Director Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. fnside City Limits 10a. State or 28a-f show other traumatic event, the Medical Examiner must be notified at XXYes 2 □ No Director PRINCE GEORGES ADELPHI 10g. Citizen of What Country? 10f. Zip Code 10e. Street and Number 3210 POWDER MILL ROAD #143 20783 UNITED STATES or items 23s a filed within 72 hours after death v il Hygiene. other than "natural", or Items 23s Funeral 12. Was Decedent Ever in U.S. Armed Forces? 1 ☐ Yes 2XXNo If Yes, Give Year or Dates: 14. Race - American Indian, Black, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status XIX Never Married 2 Married Maryland 21215-0036 1 ☐ Yes **XX**No δ Specify: BLACK 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) GOVERNMENT 5+ SCHOOL TEACHER 18. Mother's Name (First, Middle, Maiden Sumame) 17. Father's Name (First, Middle, Last) Be Pages 1 and 2 should be in nent of Health and Mental Intern 27 le marked o RACHAEL BOLLIN JOHN WICKHAM 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) PINE FORGE, PA 19548 DANIEL DAVIS / POA 199 CREEK RD. Baltimore. 20b. Place of Disposition (Name of cemetery, crematory or other place) Date 20c. Location - City or Town, State 20a. Method of Disposition permit. Pages Department of H Important: If Ite any injury or ot XX Burial 2 Cremation 3 Removal from State 4 □Donation 5 □Other (Specify) LINCOLN MEMORIAL CEM. 09/21/2006 SUITLAND, MD 21. Signature of Funeral Service Licensee 22. Name and Address of Facility
MARSHALL'S FUNERAL HOME OF MARYLAND, INC. SUITLAND ROAD SUITLAND, MD 20746 4308 Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death fmmediate Cause (Final **Physician** disease or condition resulting in death) /Medical Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a conse Examiner sicien and burial-transit Due to (or as a consequence of Box 68760. Physician/Medical IF FEMALE: 23c. If yes, outcome of pregnancy 1 ☐ Live birth 2 ☐ Fetal de 23d. Date of delivery 23b. Was decedent pregnant 3 ☐Ectopic pregnancy 2 Fetal death ō in the past 12 months? Month Day Year 4 Pregnant at time of death 5 Other (specify) ed by the sidetached P.O. 9 Unknown Part ff. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? Š Records. enenuel 2 No 3 ☐ Probably 4 ☐Unknown 1 Tyes Completed 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an s certificete has t lirector, page 2 s autopsy performe 1 ☐ Yes 2 ☐ No 1 Yes 2 00 No Vital or Attending Physician: 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospitaf: 1 Inpatient Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 ◯ No 2 ER/Outpatient 3 DOA Ē ٩ ō 28b. Time of 28c. Injury at Work? 27. Manner of Death 28d. Describe how injury occurred 28a. Date of fnjury (Month, Day Year) Certification: Division 5 Pending investigation 1 ☐ Yes 2 ☐ No hours efter death. 2 Accident 6 Could not be determined 3 T Suicide 28e. Place of fnjury - At home, farm, street, factory, office building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, State) ģ 4 | Homicide the Hospital within 24 hours or To the Funeral Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated 29a. Certifier Medical 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one) 29b. Signature and title of pertition 29c. License number 30. Name and address of person who completed cause of death (frem 23a) (Type, Print) (and Clarksulle MD. Jignal Suzam 31. Date filed (Month, Day, Year) State SEP 2 0 2006

DHMH 17 Rev 1/2001

Registrar

			1 - For State Registrar	State of	f Maryland		artment <i>tificate</i>			nd Me		giene Reg. No.		31	385
	Physici /Medic		Decedent's Name (First, Middle, L.  Leonard Walker	ast)						2	2. Date of De Month 09	Day	2006	3. Time of 8: 0:	Death
	Examin		4a. Fecility Name (If not institution, gi	ve street and nun	nber)		4b. City, T	own, or Lo	ocation of	Death		4c. C	ounty of Death		
	, 5	N.	Holy Cross Hosp	ital					Sprin			Мс	ntgome	ry	
	Funeral		· · · · · · · · · · · · · · · · · · ·	Sex 1⊠M 2□F	7. Age (In yrs. la		If Under 1 Months		If Under 24 Hours	4 Hrs. 8	3. Date of Bir (Month, Da	y, Year)	Cou	place (State o	or Foreign
1-	Director		578-05-7899 Usuaf Residence of Decedent			91 Yrs.					11-13	<del>-</del> 1914	+	DC	
	land		10a. State 10b. County		10c. City	, Town or Lo	cation							10d. Inside C	ity Limits
	Mary f sho	Į.	MD Montgo	mery	Ke	nsingt	on							1X Yes	2 🗌 No
	28a	Director	10e. Street and Number				10f. Zip C	Code				10g. Citize	en of What Cou	intry?	
	3a ol		3000 McComas Ave	nue			20	895					USA		
	4 within 72 hours after death with the Maryland Jiene. I than "natural", or itama 23a or 28a-f show The Madical Examinat must be natified at	Funeral	11. Marital Status	T	dent Ever in U.S	S. 13. \			anic Origi	in? (Spec	ify Yes or No ican, etc.)	- 14	1. Race - Amer		
٥	or its		1 Never Married 2 Married	1 Tes	2 🔼 No		1 ☐ Yes 2		Specify:	rueito ni	ican, etc.)		Black, White Specify: B	, etc. lack	
200	arait,	d by	3 Widowed 4 Divorced	Year or Da	ates:		163 2	22 140							
۲	72 h	Completed	15. Decedent's E (Specify only highest g			(Give	lent's Usual kind of work	done dur	on ring most o	of working	7		d of Business/li		
2	within 72 ene. then "nei he Wedle	μm	Elementary/Secondary (0-12)	College (1	-4or 5+)		DO NOT use						Civic E Service		on
N	를 수를 받	ပိ	12th  17. Father's Name (First, Middle, Las	t)		Pia	III CI		8. Mother	's Name (	First, Middle			<u> </u>	
/lan	9 7 2	To Be	Phillip Madison								a E. S				
Maryland 21215-0036	d 2 lih a 27 is treu		19a. Informant's Name/Refationship Lila Stroud / Da								Route Numb ville,		Town, State, Zi	p Code)	
45	s 1 and of Heal		20a. Method of Disposition		20b. PI	lace of Dispo	sition (Name	e of	1 5 11 y	Da			ation - City or T	own, State	
Ē	Page nent c ant: If ury or		1 ☐ Burial 2 🖾 Cremation 3 i 4 ☐ Donation 5 ☐ Other (Spec		State	ropoli			tory	9/21	/06	Alexa	andria,	VA	
Baitimore,	permit. Pages 1 Department of H Important: If Ite any injury or otl		21. Signature of Funeral Service Lice	ensee	1	22	. Name and	Address	of Facility	Mars	hall's		eral Ho	me	
	00 = € 0		23a. Party. Enter the disease, or cor	CONCELL TO A CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL	nused the death						ington		20011	Approxima	10
	35 y		shock, or heart failure. List onl	y one cause on e	ach line.				such as c	arulac or	respiratory a	rest,		Interval Bet Onset and	ween
	Pnysician /Medical		disease or condition resulting in death)	_ a	tricula oras a consequ		illat	ion							
	Examiner		Sequentially list conditions.	b. Cor	onary A	rtery	Disea	se							
	ed sit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury		or as a consequ	ence of):									
•	xecut and	хап	that initiated events resulting in death) Last	С.	betes or as a consequ	uence of):									
3760	certificate be executed thing physician and ise as the burial-transit	lcal E		d											
Õ	tificat ig phy as th														
Rox	leath certifica attending ph d for use as th	an/Med	IF FEMALE: 23b. Was decedent pregnant		come of pregnal		Ectopic pre	gnancy				23	3d. Date of deliv	-	W
0	0 0 0	Physici	in the past 12 months? 1 ☐ Yes 2⊠ No 9 ☐ Unknown		ant at time of de		Other (spe	cify)					Month	Day	Year
<b>J</b>	that the	y Ph	Part II. Other significant conditions	contributing to de	eath but not resu	ılting in the u	nderlying car	use given	in Part I.		23e. Did t	obacco us	e contribute to	the cause of	death?
rds	sign d be	ed by									10	Yes 2∜O	KNo 3∏ Pro	bably 4 🗀	Unknown
ဝ္ပ	aw requas been 2 should	plet									24a. Was	an	24b. Were aut	opsy findings ompletion of a	available
Vital Records,		Completed									perfo	rmed?	death? 1 ☐ Yes	<b>202</b> No	2000
Ħ	clan: ertific ector,	Be	25. Was case referred to medical examiner?	11						of Death (	(Check only o	пе)			
	Physic this c	ည	1 ☐ Yes 2 ☒ No	-		ER/Outpatien			4 🗀 1901				Other (Spec	ify)	
- C	ding P. h. After funer	tlon	27. Manner of Death 1 (☑Natural 5 ☐ Pending 2 ☐ Accident investigati		th, Day Year)	28b. Time of Injury	M 28	lc. Injury a Work? 1 □ Ye	ıt ıs 2∐N		3d. Describe	now injury	occurred		
Division of	r Attanding Physician: er death. ractor: After this certific i by the funeral director,	iflca	2 Accident investigati 3 Suicide 6 Could not 4 Homicide determine	be 28e. Place	of Injury - At ho								Number or Ru	ral Route Nun	nber.
	ital or irs afte rel Diri	Certification:	4   Homicide	buildii	ng, etc. (Specify	") —————					City or To	wn, State)			
	To the Hospital or Ai within 24 hours after of To the Funerel Direct completely filled in by	edical	29a. Certifier 1 Certifying F (Check only 2 Medical Exa	Physician: To the aminer: On the ba and man	best of my know asis of examinat per stated.	wiedge, deatl tion and/or in	n occurred a vestigation, i	t the time, in my opin	date and nion, death	l place, an n occurred	nd due to the d at the time,	cause(s) a date and p	nd manner as place, and due	stated. to the cause(s	5)
	To the within 2 To the complet	¥	29b. Signature and title of certifier	1	11		29c.	License	number				signed (Month		
			,	Aus	My	1		0512	80			4 -	70-3	<i>2⊙⊙</i> -	
2	(3)		30. Name and address of person who Anushiravan Da					er D	r 9	Ste 2	:01. Rc	ckvi	lle, MD	20850	
erk.	Sta		31. Date filed (Month, Day, Year)	32. R	egistrar's Signal	ture 🙍			,		<b>,</b>		,		
4	Registi	ar	SEP 2 0 200	400	W JE	15/100									

			For State Registrar	State of Marylan	d / Depa <i>Cei</i>	artment rtificate	of He	ealth an	nd Mental	Hygier		006	313	886
	Physici	an.	1. Decedent's Name (First, Middle, Last)						Mon		Day	Year	3. Time of [	
	/Medic	al		liams		45 00 7				ember		2006 ty of Death	5:00	P ^M
	Examin	er	4a. Facility Name (If not institution, give stre Wilson Health Care					ocation of E		Montgomery				
- E - CS - C	Funeral	200	5. Social Security Number 6. Sex	7. Age (In yrs.	last birthday)	If Under		If Under 24 Hours	of Birth th, Day, Ye	th 9 Birthplace (State or Foreign				
	Director		3/3-0/-294/	2 X F 86	Yrs.	MOUTUIS	Days	Hours		,1919 MI				
	and w		Usual Residence of Decedent  10a. State 10b. County	10c. Cit	y, Town or Lo	ocation						1	0d. Inside City	Limits
	Maryl	tor	MD Montgomer	У	Gaitl	hersbu	ırg						1 🔀 Yes	2 No
	th the	irec	10e. Street and Number			10f. Zip	Code					What Cour	•	
	urs after death with the Marylan at', or items 23a or 28a-1 show Exprense must be notified at	Funeral Director	333 Russell Avenu					2087				d Stat		
	er dei itams	nue	11. Marital Status 12.  1 Never Married 2 Married	Was Decedent Ever in U. Armed Forces?  1 Yes 2 XNo	.S. 13.	Was Decede If Yes, speci	ent of Hisp ify Cuban,	panic Origir , Mexican, F	n? (Specify Yes Puerto Rican, et	or No-		ace - Americ ack, White,		
920	urs aft	by	3X Widowed 4 □ Divorced	If Yes, Give Year or Dates:		1 ☐ Yes 2	X No	Specify:			Speci	ify: W	hite	
21215-0036	72 hours after death with the Maryland "natural", or Itams 23a or 28a-f show cocal Expressions be collised at	Completed	15. Decedent's Educat (Specify only highest grade of		16a. Dece	dent's Usual kind of worl DO NOT use	l Occupat k done du	ion iring most o	f working	16b	. Kind of E	Business/Inc	dustry	
121	within ene. than "	mpi	Elementary/Secondary (0-12)	College (1-4or 5+)						М	Montgomery County Schools			7
	iled Hygi ther nt, L	e Co	12   17. Father's Name (First, Middle, Last)		Care	teria			s Name (First, M	Middle, Maid				
lan	should be and Mental I amarked o	To B	Charles Brathby					В	etsy Ma	.cLagu	.lan			
Maryland	CI (0 == 00		19a. Informant's Name/Relationship (Type			-			or Rural Route		-	n, State, Zip	Code)	
6, 2	1 and Health tam 27 sthar tr		Edward Williams / S	200 5	M	12 . /A1	-		burn, A			- City or To	wn State	
Baltimore,	permit. Pages 1 and Department of Healt Important: if Itam 2 and Injury or other once.		1 ☐ Burial 2 【X Cremation 3 ☐ Ren 4 ☐ Donation 5 ☐ Other (Specify)	noval from State Met	ropoli Crema	matory or ot can	her place,	Şe	ptember					
Ħ	nit. Partme		21 Se ature of Funeral Service Licenses	100		LOLY 2. Name and							Virgi 10 Eas	
ñ	Dep		Mechan	Melel	Lup.	eer Pa	ark D	rive,	Gaithe			-		
de la	-86		23a. Part1. Enter the disease, or complica shock, or heart failure. List only one	tions that caused the deat cause on each line.	h. Do not en	ter the mode	of dying,	such as ca	ardiac or respira	tory arrest,			Approximate Interval Betw Onset and D	een
	Physician		Immediate Cause (Final disease or condition resulting in death)	Kespir	alx	ry p	-	du	se				Orisot and D	oatti
9	/Medical Examiner		Tosaning in dodiny	Due to (of as a conseq	ruence of):	him	Tan	Q P	ulmo	nau	16	Leave	3 ne	M
	· *	Jer	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	Due to (or as a conseq	uence of):		000	1						
	s be executed sician and s burial-transit	Examiner	Cause (Disease or injury that initiated events c.											
90,	death certificate be executed e attending physician and ad for use as the burial-transit	I Ex	resulting in death) Last	Due to (or as a conseq	juence of):									
68760,	physicate t	dical	d											
Box (	death certifica attending ph d for use as t	Physician/Med	IF FEMALE: 23b. Was decedent pregnant 23c	. If yes, outcome of pregna		75					23d. D	ate of delive	ery	
œ.	the atte	sicia	in the past 12 months? 1 □ Yes 2 ☑ No	1 Live birth 2 Feta 4 Pregnant at time of c 9 Unknown		⊒Ectopic pre ⊒ Other <i>(spe</i>					N	Month	Day Y	ear
P.0	tac by		9 ☐ Unknown  Part II. Other significant conditions contri		rulting in the u	anderhina o	auco civos	n in Part I	236	Did tobac	CO USA CO	ntabute to t	ne cause of de	ath?
ds,	signed d be de	d by	Chroniatica		late		Bre	RSC	+			3 ☐ Prob		nknown
Record	w requir been si should	Completed	cucinma.	Chome	yar	ten	y Le	ese	ee 248	. Was an	24b	. Were auto	psy findings a	vailable
Re	The lav	шо	Pacemaker.	Anemi	In ol	hid	nie	Lux	esse 1	autopsy performed Yes 2		death?	mpletion of ca 2□ No	use of
Vital	ician: Th certificate rector, pag	BeC	25. Was case referred to medical examiner?		0			-	of Death (Check					
of V	Physic this of	ပ	1 ☐ Yes 2 ☑ No	spital: 1 Inpatient 2	ER/Outpatie			4 Murs	ing Home 5	Residence			y)	
	fing After fune	tion	27. Manner of Death  1 Natural 5 Pending 2 Accident investigation	28a. Date of Injury (Month, Day Year)	Injury	M	8c. Injury Work?	at ? es 2.∐No		SCHOO HOW I	injury occi	urreu		
Division	Attending in death. ector: After by the fune	Certification:	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. Place of Injury - At h	ome, farm, st	reet, factory			28f. Loca	ation (Stree or Town, S		nber or Rura	al Route Numb	oer,
Ö	s afte al Dire ed in 8	Cert	4   Homicae	building, etc. (Special					City	or rown, s	naio/			
	Hospi 24 hou Funer tely fill	Medical		r: On the best of my known of the basis of examination and manner stated.										
	To the Hospital or Attending Physician: The I within 24 hours after death.  To the Funeral Director: After this certificate his completely filled in by the funeral director, page	Mec	29b. Signature and title of certifier	and mainer stated.	1	29c	License	number		29d.	Date sign	ned (Month,	Day, Year)	
	/s = 5		N. Robert &	rischle	- de	D S	004	+113	5	Se	6 Tan	wher.	14,20	106
	10		30. Name and address of person who com		m 23a) (Type,									
			H. Robert Birschba	ch M.D., 201	Russe	ell Av	enue	, Gai	thersbu	rg, M	D 208	377		
	Sta Regist	ate rar	SEP 19 200	B 32 Registrar's Signa	S. Sp	and !								

			For State Registrar	State	of Marylan	id / Depa <i>Cer</i>	artment of H tificate of I	lealth and Death	Mental Hy	/giene Reg. No.	2006	31	387		
	Physici /Medic		1. Decedent's Name (First, Middle VIVIAN MARII						2. Date of D Month Septem	Day	5, 2006	3. Time of 0	Death P ^M		
	Examin		4a. Facility Name (If not institution, Holy Cross Hos	_	imber)		4b. City, Town, or Silver	Location of Dec	ath		ounty of Death	•			
	Funeral Director		5. Social Security Number 577-01-5433	6. Sex 1 ☐ M 2 💢 F	7. Age (In yrs. 87		If Under 1 Year Months Days	If Under 24 Hi Hours Min		ith Year) 1919	9. Birthpl Coun Washi	ace (State or try) ngton	Foreign D.C.		
	Maryland	tor	Usual Residence of Decedent  10a. State 10b. County  Md. Montgo	omerv		y,Townorto				10d. Inside City Limits 1 ☐ Yes 2 ☑ No					
	h with the 23a or 28a at be notifi	ai Director	10e. Street and Number 3310 Leisure W	orld Blv	1. #805		10f. Zip Code 209	906		10g. Citizen of What Country? United States					
920	permit. Peges 1 and 2 should be filed within 72 hours after death with the Maryland Depertment of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural', or Items 23a or 28a-1 show emportant: If Item 27 is marked other than "natural", or Items 23a or 28a-1 show emportant: If Item 27 is marked other than an annual and an annual and an annual and an annual and an annual and an annual and an annual and an annual and an annual and an annual and an annual and an annual and an annual and an annual and an annual and an annual and an annual and an annual and an annual and an annual and an annual and an annual and an annual and an annual and an annual and an annual and an annual and an annual and an annual and an annual and an annual and an annual and an annual and an annual and an annual and an annual and an annual and an annual and an annual and an annual and an annual and an annual an annual and an annual an annual an annual an annual an annual an annual an annual an annual an annual an an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an annual an an	by Funerai	11. Marital Status  1 □ Never Married 2 ☒ Marri 3 □ Widowed 4 □ Divorced	Armed F	2 [XNo ive		Was Decedent of Hi Yes, specify Cuba □ Yes 2 No	ispanic Origin? n, Mexican, Pue Specify:	Specify Yes or No- to Rican, etc.)  14. Race - Americ Black, White,  Specify: Wh						
21215-0036	within 72 ho lene. than "natur tha Medical	Completed	15. Decedent (Specify only highes Elementary/Secondary (0-12) 12	grade completed,	1-4or 5+)	(Give life. L	lent's Usual Occupi kind of work done o DO NOT use retired Listrator	ation during most of w	rorking	Nati	of Business/Ind onal Se ninistra	curity	r		
Maryland 2	uld be filed Mental Hygi rked other	To Be Co	17. Father's Name (First, Middle, Morris Blake		18. Mother's N Josepl	ame (First, Middle	_	umame)							
, Mary	and 2 sho salth and h n 27 to ma		19a. Informant's Name/Relationsh Shirley J. Boul			16951	g Address <i>(Street a</i> Hugh To	races Pl							
altimore,	ment of He		20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other (Sp	ecify)	State	te of	sition (Name of natory or other plac Heaven Ce	m. 20	t. 20,	20c. Loca Silv					
Ball	Dependit		21. Signature of Funeral Service L	Day		10	Name and Address East De	er Park	Dr. Gai	thersb	ome urg, Md				
ħ	Physician	e l	23a. Part1. Enter the disease, or complications tractions to the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart faifure. List only one cause on each line.  Immediate Cause (Final disease or condition resulting in death)  a. Left Leg Ischemia  Due to (or as a consequence of):												
	/Medical Examiner	er	Sequentially list conditions	_{b.} Atri	(or as a conseq al Fibri (or as a conseq	illatio	n								
8760,	icate be executed physicien end s the burial-transit	ai Examiner	if any, leading to immediate Cause (Disease or injury that initiated events resulting in death) Last	_{c.} Seps								1			
Box 6	The law requires that the death certificate site hes been signed by the ettending physpage 2 should be detached for use as the	Completed by Physician/Medical	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1	1□Live	atcome of pregna birth 2 ☐ Feta nant at time of d	Ideath 3□	Ectopic pregnancy			23d. Oate of delivery Month Day Year					
rds, P.O	w requires that been signed by should be deta	ed by Ph	Part II. Other significant condition	_		ulting in the ur	nderlying cause give	en in Part I.		Did tobacco use contribute to the cause of dea					
Division of Vital Records,	hysician: The law re his certificete hes bee il director, page 2 sho	Complet							24a. Wa: auto perf 1 ☐ Yes	opsy ormed?	24b. Were autop prior to con death? 1 \( \text{Yes}		vailable use of		
Zi za	ician: certific rector,	Be	25. Was case referred to medical examiner?	Hospital:			Othe	AP.	eath (Check only						
ion of	ng P fter t nera	ation; To	1 ☐ Yes 2 ☒ No  27. Manner of Oeath 1 ☒ Natural 5 ☐ Pending 2 ☐ Accident investig	28a. Date	Inpatient 2 of Injury oth, Day Year)	28b. Time of Injury	28c. Injun	4 LI Nursing	Home 5 Res			)			
Divis	) To the Hospital or Attendi within 24 hours efter death. To the Funeral Director: A completely filled in by the fu	Certification;	3 Suicide 6 Could n 4 Homicide determi	ned 288. Plac	e of Injury - At he ling, etc. (Specif	ome, farm, stro ý)	eet, factory, office		28f. Location City or To	(Street and I own, State)	Number or Rura	Route Numb	er,		
	• Hospi 24 hou • Funer etely fill	edicai	(Check only one)	xaminer: On the l	e best of my kno basis of examina nner stated.	wiedge, daath ition and/or inv	occurred at the tin restigation, in my of	e data and pla pinion, death oc	ts, and due to the curred at the time	obues(e) ar , date and pl	nd manner as sta lace, and due to	Hed. the cause(s)	S		
	vithin To th compl	Me	29b. Signature and title of certifier	a (10	4 ()		29c. License				signed (Month, I				
,	દ	3	Ks have			n 23a) (Tvpe	D608	326		Sep	tember	16, 20	U6		
			Dr. Kshama Garg	M.D. 1.	500 Fore	st Gle	n Rd. S	ilver Sp	oring, Mo	1. 209	10				
	Sta Registr		31. Date filed (Month, Day, Year) SEP 1	2006	gistrar's Signa	S. A	arte								

#### Amended Items 7 & 8 per F.D. 09/27/2006 Carroll County, wil Please Type or Print in Black Indelible Ink. Ensure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 2005 31388 Certificate of Death 2. Date of Death 3. Time of Death Decedent's Name (First, Middle, Last) **Physician** Dorothy Arlene Ward -18-06 /Medical 4c. County of Death 4a. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death Examiner Carroll Hospital Center Westminster Carroll 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. Birthplace (State or Foreign Country) 5. Social Security Number 6. Sex 10/07/11 927 **Funeral** Months Days Hours 1 □ M 2 □ 212-24-3058 78 Yrs. Director Usual Residence of Decedent with the Maryland 10d. Inside City Limits 10c. City. Town or Location 10a State 10h County 7 is marked other than "natural", or Itams 23a or 28a-f show traumatic event, the Medical Exprehent must be notilled at 1 ☐ Yes 2 HNo Director Carroll Manchester 10e. Street and Number 10g. Citizen of What Country? 10f. Zip Code 2925 Hanover Pike Completed by Funeral 21102 Pages 1 and 2 should be filed within 72 hours after death inent of Heatth and Mental Hygiene. Int: If Hem 27 is marked other than "natural", or Itams 23. USA 12. Was Decedent Ever in U.S. Armed Forces? 1 ☐ Yes 2 ∰ No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian. 1 Never Married 2 Married Baltimore, Maryland 21215-0036 1 ☐ Yes 2 ☐ No Specify: White Specify: 3 ∰Widowed 4 □ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry al Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) Housewife Own Home 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Carroll Giggard Mary Weaver 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) Alda Wildasin Cousin 110 Westminster Ave, Hanover, PA 17331 other 1 20a. Method of Disposition
1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 5 permit. Page Department of Important: If any injury or once. Immanuel Lutheran 09/21/06 4 ☐ Donation 5 ☐ Other (Specify) Manchester, MD 22. Name and Address of Facility Eline Funeral Home 21. Signature of Funeral Service Licensee Steven 934 South Main St. Hampstead, MD Three m00723 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) CHRONIC OBSTRUCTIVE PULMONAR DISEASE Physician /Medical Due to (or as a consequence of): Examiner Sequentially list conditions, if any leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to [or as a consequence of] Examiner To the Hospitel or Attending Physicien: The law requires that the death certificate be executed within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the attending physicien and completely filled in by the funeral director, page 2 should be detached for use as the burial-transit Due to (or as a consequence of) Box 68760. Completed by Physician/Medical 23c. If yes, outcome of pregnancy 1 ☐ Live birth 2 ☐ Fetal death 23b. Was decedent pregnant in the past 12 months?

1 Yes 2 No 9 Unknown 23d. Date of delivery 3 Ectopic pregnancy Month Day 4☐Pregnant at time of death 5 Other (specify) Division of Vital Records, P.O. 9 Unknown Part II. Dther significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? CONGESTIVE HEART FAILURE 3 Probably 4 □Unknown 1 ☐ Yes 2 ☐ No THROMBOSIS DEEP VEIN 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed 1 ☐ Yes 2 No 1 Yes 2 No 25. Was case referred to medical examiner? Certification; To Be 26. Place of Death (Check only one) Hospital Other: 4 Nursing Home 5 Residence 6 Other (Specify) No Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 ☐ Yes 2 No 28a. Date of Injury (Month, Day Year) 28b. Time of 27. Manner of Death 28c. Injury at Work? 28d. Describe how injury occurred Natural 2 Accident 5 Pending investigation 1 ☐ Yes 2 ☐ No 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier 29d. Date signed (Month, Day, Year) 29c. License number 29b. Signature and title of certifier D 30363 WJL 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 200 MEMORIAL AVE WESTMINSTER KHOD, MD FRANCIS 31. Date filed (Month, Day, Year) 32. Registrar's Signature State Glown It Spark Registrar

06-07007 Brandi Wilt

Please Type or Print in Black Indelible Ink State of Maryland / Department of Health and Mental Hygiene

		For State		Certific	ate of	Death		F	Reg. No	200	6 3138
Physician ledical Examine	/ 1 er	Decedent's Name (First, Middle, Last)  Brandi Lynn Wi							Day er 17, 200	Year 06	3. Time of Death 0045 hrs
	4	a Facility Name (if not institution, give street University of Maryland	eet and number)	-	41	Baltimore	Location of Dea	th	4c. Co	unty of Death	
Funeral Director	- 1	5. Social Security Number 6 Sex 212-15-1334 1 M		yrs. last bir	thday) Yrs.	If Under 1 Year Months Days	If Under 24H Hours M	_	7/198	Foreign	nplace (State or n intry) MD
Baltimore, MD 21215-0036  permit Pages I and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygeric Honer and I remandate of health and Maryland Important: If item 7: is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Examiner must be notified at once.  To Re Completed by Firmeral Director	1 o pe completed by Funeral Director	Never Married 2 Married 1  Widowed 4 Divorced of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the firs	Was Decedent Eve Armed Forces? Yes 2 Yes 2 Head Sieve Year pates: ghest grade complet College (1-4 or 5+)  Jr.  Print ) Mother  Removal from State	No  ed) 16a.  H  15  20b. Place crems  Cres	13 Was If Ye 1 Decedent' during mo Omem  3b Mailing 4700 of Dispositiony or other La	and 10f. Zip Code 2107. Decedent of His s, specify Cuban Yes 2 No s Usual Occupatest of working life.  Address (Stree Barbection (Name of cere place) with Memirian and Address (memory).	panic Origin? ( Mexican, Puer specify  on (Give kind on DO NOT use reference of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of t	Specify Yes or Noto Rican, etc.)  f work done etired)  ne (First, Middle 1 A Dr Rural Route Noth Hampst Date ept 21 2006  Line Fundamental Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific	US  Spe  16b. Kind  OWN  Maiden Surri  avis  umber, City or ead,  20c Loca  Marri  meral I	Race - Americ White, etc.  white, etc.  white, etc.  Whii of Business/Ir  Home  Town, State MD 21  ation - City or  iottsv:  Home	zen Indian, Black,  te  ndustry  Zip Code)  074  Town, State  ille MD
Physician /Medical Examiner		or condition resulting in death)		death. Do r		4 South e mode of dying,		~			Approximate Interval Between Onset and Death
executed an and al - transit	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Lieuase or injury that mithad events resulting in death) Last  UNPENDED  AMENDED  IF FEMALE: 23b. Was decedent pregnant in the past 12 months?  1 Yes 2 No 9 Unknown  Unknown  Unknown  23d. Date of delivery  Month Day  And Pregnant at time of death 5 Other (Specify)										
P.O.	2L	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I							23e Did tobacco use contribute to the cau  1 Yes 2 No 3 Probably  24a Was an autopsy  24b Were autopsy f prior to complet		
tal Reco	Be Comp	25. Was case referred to medical				26 Place	of Death (Chec	1 🗸 Yes	formed? 2 No	death? 1 Ye	s 2 No
of Vita ing Physici. After this co	의,	examiner?  1 Yes 2 No  27. Manner of Death	1 Inpatient 28a Date of Injury (Month, Day Year) Sep 16, 2006	28b	Outpatient Time of Ir	jury 28c, Inju	ry at Work?	28d. Describ	Residence e how injury of collision		:
Division of Vital Records, To the Hospital or Attending Physician: The law requir within 24 hours after death To the Funeral Director: After this certificate has been s completely filled in by the fineral director, page 2 should in	Certification:	Natural 5 Pending Investigation 2 Accident Suicide 6 Could not be determined 4 Homicide Could not be determined (Specify) Local Street									ral Route Number, City Finksburg, MD
8 - 5 -	edical					on, in my opinior	n, death occurre		te and place,	and due to the	e cause(s)
MIL		29b Signature and title of certifier  (MA)  30. Name and address of person who com	nleted cause of door	h (Item 232	)	29c. Licens				nber 17, 2	nth, Day, Year)
á		Ana Rubio MD. Assistant I	Medical Examin	er 111		treet, Baltimo	ore, MD 212	01			
Sta Registr	te ar	31 Date filed (Month, Day, Year) SEP 2 0 2006	32 Registrar's		Span	W					

State of Maryland / Department of Health and Mental Hygiene 1 - For State Registrar Reg. No. 2006 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month Day Year **Physician** Margaret Mary WARE September 20 2006 3:37pm /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Washington Ravenwood Lutheran Village Hagerstown If Under 1 Year | If Under 24 Hrs.
Months Days Hours Min. 8. Date of Birth (Month, Day, Year) Oct. 23, 1916 Birthplace (State or Foreign Country) 5. Social Security Number 7. Age (In yrs. last birthday) 6. Sex Funeral 1 □ M 2 🕅 F Months 89 011-14-0871 Glasgow, Scotland Director Usual Residence of Decedent the Maryland 10a, State 10b. County 10c. City. Town or Location 10d. Inside City Limits s 23a or 28a-f show ust be notified at 1 ☐ Yes 2 No Directo Maryland Washington Hagerstown 10e. Street and Number 10g. Citizen of What Country? 10f. Zip Code Village at Robinwood 21740 USA or Itams 23a Funeral 12. Was Decedent Ever in U.S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, 11. Marital Status other traumatic avent, the Medical Exertitual Black, White, etc. 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 1 Never Married 2 Married Baltimore, Maryland 21215-0036 white 1 ☐ Yes 2X No Specify: Specify: ģ 3X Widowed 4 ☐ Divorced natural 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry filed within 7 Hygiene. d 2 should be filed within 7 th and Mental Hygiene. 7 Is marked othar than "r College (1-4or 5+) Elementary/Secondary (0-12) 12 homemaker her own home 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Elizabeth Hyslop Charles Weir 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) s 1 and 2 s of Health an item 27 ls 84 N. Edgewood Dr., Hagerstown, Maryland 21740 Charles Ware - son 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Pages nent of I 1 X Burial 2 ☐ Cremation 3 ☐ Removal from State õ permit. Page Department of Important: If any injury ou Quantico National Cem. 9/26/06 Triangle, Virginia * 4 □ Donation 5 □ Other (Specify) 21. Signature of Surferal Service License 22. Name and Address of Facility MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final CEREBROVASCULAR ACCIDENT Physician disease or condition resulting in death) /Medical Examiner RUNAL INSUFFICIENCY Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of) Examiner burial-transit certificate be executed MYLERTENSION Due to (or as a consequence of): attending physician Box 68760 Physician/Medical use as the IF FEMALE: 23c. If yes, outcome of pregnancy 1 ☐ Live birth 2 ☐ Fetal death 23d. Date of delivery 23b. Was decedent pregnant 3 Ectopic pregnancy in the past 12 menths?
1 Yes 2 No
9 Unknown Year Month Day 4☐Pregnant at time of death 5 Other (specify) P.0. signed by the a ld be detached f 9□ Unknown Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? Division of Vital Records, \$ MYCENIPIDEMIA, ATHAL FIGHLLATION 2 No 3 Probably 4 Unknown 1 🗌 Yes Completed MYPOTHYROIDIST 24b. Were autopsy findings available prior to completion of cause of death?

1 ☐ Yes 2 ☐ No 24a. Was an autopsy 1 Yes 20 Hospital or Attanding Physician: 24 hours after death. Funaral Diractor: After this certifice 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Other: 1 🗌 Yes 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA A Nursing Home 5 Residence 6 Other (Specify) 28b. Time of Injury 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28d. Describe how injury occurred 28c. Injury at Work? 1 Natural 5 Pending 2 Accident investigation 6 Could not be determined 3 🗌 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide a Funaral f 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) 29a. Certifier (Check only one) and manner stated To tha I within 2 To tha 29d. Date signed (Month. Dav. Year) 29c. License number 29b. Signature and title D1062327 106 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 21740 -AH-10 MILL STFEET MAGERSTOWN MD 68 32. Pegistrar's Signature State Ŋ. Registrar

WARE, MARGARET V.

LEXANDER WATSON

Physician

/Medical

Examiner

Director

Funeral

Director

item 27 is marked other then "naturel", or itema 23a or 28a-f show other traumatic event, the Medical Examinar must be notified at permit. Pages 1 and 2 should be filed within 72 hours after death w. Department of Health and Mental Hygiene. Insportant: if item 27 is marked other then "naturel", or itema 23s copy injury or other traumatic event, the Medical Education of the pages. Completed by Funeral 17. Father's Name (First, Middle, Last) Alexander Watson ဂ္ 19a. Informant's Name/Relationship (Type, Print) (daughter) Jenkins 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 9-23-06 Cottage Grove Cem. 22. Name and Address of Facility 21. Sign ture of Funeral Service Licensee Bennie Smith FUNERAL HomE Immediate Cause (Final disease or condition **Physician** Certerioge resulting in death) /Medical Due to (or as a consequence of) Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury Examiner Due to (or as a consequence of) attending physician and for use as the burial-transit that initiated events resulting in death) Last Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760 Physician/Medical IF FEMALE: 23c. If yes, outcome of pregnancy

1 Live birth 2 Fetal death 23b. Was decedent pregnant 3 □Ectopic pregnancy in the past 12 months? 4☐Pregnant at time of death 5 Other (specify) 1 ☐ Yes 2 ☐ No 9 Unknown 9 Unknown Š Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Completed by 1 Yes 2 No To the Hospital or Attending Physician: 25. Was case referred to medical examiner? Be 26. Place of Death Check only one Hospital: Other: 2 1 Yes 2 No 1 Inpatient 4 Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 2 ER/Outpatient 3 DOA this 28a. Date of Injury (Month, Day Year) After thi funeral 27. Manner of Death 28b. Time of 28c. Injury at Work? Certification: 1 Natural 5 Pending investigation within 24 hours after death. To the Funeral Director: A M. 1 ☐ Yes 2 ☐ No 2 Accident filled in by the 6 Could not be 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 1 M Certifying Physician: To the best of my knowledge, death occurred at the land, date and place, and due to the dauss(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical 29b. Signature and title of certifier 29c. License number D 29505 dregered

Please Type or Print in Black Indelible Ink. Ensure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Reg. No 2006 Certificate of Death 2. Date of Death

1 - For State Registrar 1. Decedent's Name (First, Middle, Last) Day Alexander Watson JR. September 17,2006 4a. Facility Name (If not institution, give street and number) 4c. County of Death 4b. City, Town, or Location of Death Princess Anne If Under 1 Year | If Under 24 Hrs. | 8. Dal Somerset Manor Manokin 5. Social Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) 1 M 2 ☐ F Months Days Hours Min 217-12-406 Yrs. VA Usual Residence of Decedent 10a State 10h County 10c, City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 🗹 No estover Domers d 10e. Street and Number 10g. Citizen of Whal Country? 10f. Zip Code 29967 U.S.A. 87 Koa 12. Was Decedent Ever in U.S. Armed Forces? 1 ☐ Yes 2 M No tf Yes, Give Year or Dates: Race - American Indian, Black, White, etc. 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status 1 Never Married 2 Married 1 ☐ Yes 2 🕱 No Specify: Specify: 3 ☐ Widowed 4 ☐ Divorced BLACK 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry COHEN Elementary/Secondary (0-12) College (1-4or 5+) TRUCK DRIVER BOK INC 4 18. Mother's Name (First, Middle, Maiden Surname) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1513 Duchess DR. Salisbury, Md 21801 20c. Location - City or Town, State Westover 917 W. ISAbellA St 21801 SHISBURY trive) the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest Approximate Interval Between Onset and Death 23d. Date of delivery Month Dav Year 23e. Did tobacco use contribute to the cause of death?

1 Yes 2 No 3 Probably 4 Unknown

24b. Were aulopsy findings available prior to completion of cause of death? 24a. Was an aulopsy performed?

1 ☐ Yes 2 2 No

28d. Describe how injury occurred

28f. Location (Street and Number or Rural Route Number, City or Town, State)

29d. Date signed (Month, Day, Year)

09-18-2006

0. Name and ordress of person who completed cause of death (Item 23a) (Type, Print)

M. BELLOSO, M.D.; 5302 CHINABERRY DR., SALISBURY, MD 21801 GREGORIO

31. Date filed (Month, Day, Year)

SEP 1 9 2006

State

Registrar

Seth Kaku Yankey 06-06845 Please Type or Print in Black Indelible Ink State of Maryland / Department of Health and Mental Hygiene **UNK UNK** 1- For State Certificate of Death Reg. No. 1 Decedent's Name (First, Middle, Last) 2. Date of Death Physician/ Month Day Y September 11, 2006 0326 hrs Medical Examiner Seth Kaku Yankey 4c. County of Death 4a. Facility Name (if not institution, give street and number) 4b. City. Town, or Location of Death Montgomery Germantown Germantown Emergency Center If Under 1 Year If Under 24Hrs 8 Date of Birth (MM/DD/YYYY) 9. Birthplace (State or 5 Social Security Number 6. Sex 7. Age (In yrs last birthday) **Funeral** Months Days Hours Director 226-73-0449 1 X M 2 32 Country) 1974 May 1, Ghana Usual Residence of Decedent 10d Inside City Limits Oc. City, Town or Location 10a State 10b. County Maryland Montgomery Boyds 1 X Yes 2 No 28a-f show notified at once. with the Maryland Director 10f. Zip Code 10e Street and Number 10g. Citizen of What Country? 22012 Stone Pier Lane 20841 o Ghana Funeral 11. Marital Status 12. Was Decedent Ever in U.S. 13 Was Decedent of Hispanic Origin? (Specify Yes or No-14 Race - American Indian, Black, Armed Forces? If Yes, specify Cuban, Mexican, Puerto Rican, etc.) White, etc. 1 Never Married 2 X Married 2 X No Yes 1 Yes 2 X No specify Specify: Black Widowed Divorced Give Year the Medical Examiner 2 should be filed within 72 hours after h and Mental Hygiene
27 is marked other than "natural", ģ 16a Decedent's Usual Occupation (Give kind of work done 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Completed during most of working life DO NOT use retired) Elementary/Secondary (0-12) College (1-4 or 5+) Baltimore, MD 21215-0036 Contractor Pest Control 17 Father's Name (First, Middle, Last) 18 Mother's Name (First, Middle, Maiden Surname) permit Pages I and 2 should be filed Department of Health and Mental Hy Important: If item 27 is marked of injury or other traumatic event, the Lawrence A. Yankey Janet Yanzu Be 19a. Informant's Name/Relationship (Type, Print ) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Genevieve Dzifa Yankey /Wife 214/ N1C2 Italia Flat, Tema, Ghana 20b Place of Disposition (Name of cemetery, 20c Location - City or Town, State 20a Method of Disposition October 7, crematory or other place) 1 X Burial 2 Cremation 3 Removal from State All Souls Cemetery 2006 Germantown, Maryland 4 Donation 5 Other Specify 21. Signature of Funeral Servide Light, ea 22. Name and Address of Facility DeVol Funeral Home, 10 East Deer Park Drive, Gaithersburg, Maryland 20877 NUVER 23a Part I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. **Physician** Between Onset and /Medica Death Cocaine intoxication Immediate Cause (Final disease ⊊xaminer or condition resulting in death) Due to (or as a consequence of) Sequentially list conditions, if any, leading to immediate Due to (or as a consequence of) Examiner cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of) The law requires that the death certificate be executed and sician/Medical the attending physician ed for use as the burial -X UNPENDED item#23a,27,28a-f,perME,g860,10/4/06 TT Box 68760, IF FEMALE: 23d. Date of delivery 23c If yes outcome of pregnancy 23b. Was decedent pregnant in the Fetal death 3 Ectopic pregnancy Month Day Year 2 past 12 months? Pregnant at time of death 5 Other (Specify) 1 Yes 2 No 9 Unknown Unknown P 23e. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I Division of Vital Records, P.O. ģ 1 Yes 2 No 3 Frobably 4 V Unknown Completed 24b. Were autopsy findings available 24a Was an prior to completion of cause of autopsy death? performed? 2 No ✓ Yes 2 No 1 🗸 Yes 26 Place of Death (Check only one) 25. Was case referred to medical the Hospital or Attending Physician: Other₄ Hospital: 1 Inpatient 2 ✔ ER/Outpatient 3 DOA Nursing Home 5 After this 1 V Yes 28c. Injury at Work? 28b. Time of Injury 28d Describe how injury occurred 27 Manner of Death 28a Date of Injury (Month, Day Year Certification: Natural 1 Yes 2 No 5 Pending Director: Fnd 9/11/2006 Fnd 1:30 am 2 Accident Investigation 28f. Location (Street and Number or Rural Route Number, City or Town, State) 20141 Century Blvd.
Germantown. 28e Place of Injury - At home, farm, street, factory, office building, etc. 3 Suicide 6 X Could not be thin 24 hours a determined Germantown, (Specify) other-scene Homicide 29a Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as started Medical 2 Wedical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) one) and manner stated 29b Signature and title of certifie 29c. License numbei 29d Date signed (Month, Day, Year) O.C.M.E September 11, 2006 30 Name and address of person who completed cause of death (Item 23a) Assistant Medical Examiner Zabiullah Ali, M.D. 111 Penn Street, Baltimore, MD 21201 egistrar's Signatur State 8 2006

Registrar

/Medi	ian	Decedent's Neme (First, Middle, L.  LITTITAM	•						2. Date of D Month	eath Day	Ye	3. Time of Dea	
	cal	WILLIAM B. 1	YATES, JR		4h Cih	. Taum as	Location	of Dooth	SEPT.	17	200 County of I		
Examir	ner	441 WATSON RO		<del>0</del> 1)	4b. City	, Town, or	TREV					ANNE S	
uneral	2.0		Sex 7.	Age (In yrs. last birth	day) If Unde	er 1 Year	If Under Hours		8. Date of B			Birthplace (State or Fo Country) IARYLAND	
irector		216-09-3961 Usual Residence of Decedent	1 <b>X</b> M 2□F	,,,	rs.	Days	Hours	Min.	8. Date of Bi (Month, D JULY	18,19	11 M		
f show	Į.	10a. State 10b. County  MD QUEEN A	ANNE 'S	10c. City, Town	or Location NTREVII	111						10d. Inside City Li	
r 28a	Director	10e. Street and Number	ENINE D	- OL		ip Code		_		10g. Citize	en of Wha	t Country?	
23a o	aiD	214 WINDSOR AVI	ENUE			21	617				USA		
ral, or items 23e or 28a-f show Examiner most be invilled at	by Funeral	11. Marital Status  1 Never Married 2 Married  3 Widowed 4 Divorced	1434 0:	es?		Nas Decedent of Hispanic Origin? (Specify Yes or Not Yes, specify Cuban, Mexican, Puerto Rican, etc.) □ Yes 2 No Specify:					o- 14. Race - American Indian, Black, White, etc.  Specify: WHITE		
rthan "natural", Ine Medical Exe	Completed	15. Decedent's l (Specify only highest g			Decedent's Usu Give kind of wo life. DO NOT u	ork done d	lurina mos	t of worki	ing	16b. Kind	ess/Industry		
other then	uo	Elementary/Secondary (0-12)	College (1-4e	or 5+)	T DEPT					ACM	E MAI	RKET	
d othe event.	To Be C	17. Father's Name (First, Middle, Last)  18. Mother's Name (First, Middle, Maiden Sumai											
27 is m r traum		19a. Informant's Name/Relationship ARLENE YATES-HYI	1 2	1.	Mailing Addres					-			
If item 2 or other		20a. Method of Disposition 1 XBurial 2 Cremation 3	☐Removal from Sta	20b. Place of E	crematory or	other place	g)		ate			y or Town, State	
Important:		*4 □Donation 5 □ Other (Spec 21. Signature of Euneral Privice Lice	cify)	CHESTER								EVILLE, MD	
Impo any ii		21. Signature of Euneral Pervice Lici	envee									HOME, P.A.	
		23a. Part1. Enter the disease, or con	mplications that caus	sed the death. Do no	408 S.						, MD	Approximate Interval Between	
sician		shock, or heart failure. List onl Immediate Cause (Final disease or condition										Onset and Deat	
edical miner		resulting in death)	a. SEPS	1.3									
			Due to (or	as a consequence of	);							DAYS	
	6	Sequentially list conditions,	b. COROL	as a consequence of	Y DISE	ASE							
e.	aminer	rany, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	b. COROL	as a consequence of	Y DISE	ASE						DAYS	
e.	i Examiner	cause. Enter Underlying	b. COROL Due to (or  EXTE  Due to (or	as a consequence of NARY ARTER as a consequence of NSIVE DECU as a consequence of	Y DISE/ BITI							DAYS 4 YEARS YEARS	
ysician and e burial-transit	cai	rany, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	b. COROL Due to (or  EXTE  Due to (or	as a consequence of NARY ARTER as a consequence of NSIVE DECU	Y DISE/ BITI							DAYS 4 YEARS	
attending physician and for use as the burial-transit	cai	rany, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	b. COROL Due to (or EXTE)  c. EXTE  Due to (or PERI)  23c. If yes, outcor	as a consequence of NARY ARTER as a consequence of NSIVE DECU as a consequence of PHERAL ART  me of pregnancy  2	Y DISE/ BITI	SEASE pregnancy				23	id. Date of Month	DAYS 4 YEARS YEARS YEARS	
igned by the attending physician and be detached for use as the burial-transit	by Physician/Medical Examiner	If any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 □ Yes 2 □ No	b. COROL Due to (or  c. EXTE  Due to (or  d. PERT)  23c. If yes, outcor    Live birth  4   Pregnant  9   Unknown	as a consequence of NARY ARTER as a consequence of NSIVE DECU as a consequence of PHERAL ART	Y DISE	SEASE				tobacco use	Month a contribut	DAYS 4 YEARS YEARS YEARS delivery Day Year	
igned by the attending physician and be detached for use as the burial-transit	by Physician/Medical	If any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 Yes 2 No 9 Unknown	b. COROL Due to (or  c. EXTE  Due to (or  d. PERT)  23c. If yes, outcor    Live birth  4   Pregnant  9   Unknown	as a consequence of NARY ARTER as a consequence of NSIVE DECU as a consequence of PHERAL ART	Y DISE	SEASE				tobacco use	Month a contribut	DAYS 4 YEARS YEARS YEARS  delivery Day Year	
ate has been signed by the attending physician and page 2 should be detached for use as the burial-transit	Physician/Medical	If any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 Yes 2 No 9 Unknown	b. COROL Due to (or  c. EXTE  Due to (or  d. PERT)  23c. If yes, outcor    Live birth  4   Pregnant  9   Unknown	as a consequence of NARY ARTER as a consequence of NSIVE DECU as a consequence of PHERAL ART	Y DISE	SEASE			1 🗆 24a. Was	Yes 2X	Month e contribut	DAYS  4 YEARS  YEARS  VEARS  delivery Day Year  te to the cause of death Probably 4 Unkn e autopsy findings avail to completion of cause h?	
certificate has been signed by the attending physician and rector, page 2 should be detached for use as the burial-transit	o Be Completed by Physician/Medical	If any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 Yes 2 No 9 Unknown	b. COROL Due to (or  c. PERT)  23c. If yes, outcor 1 Live birth 4 Pregnant 9 Unknown contributing to death	as a consequence of NARY ARTER as a consequence of NSIVE DECU as a consequence of PHERAL ART  The of pregnancy of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequen	Y DISE	SEASE oregnancy pecify)	n in Part I.	of Death	1 24a. Was	tobacco use Yes 2X is an psy primed? 2X No	Month  e contribut  No 3 [  24b. Wern  prior  deat  1 []	DAYS  4 YEARS  YEARS  VEARS  delivery Day Year  to to the cause of death Probably 4 Dunkn e autopsy findings avail tto completion of cause h? Yes 28 No	
r: After this certificate has been signed by the attending physician and the funeral director, page 2 should be detached for use as the burial-transit	To Be Completed by Physician/Medical	If any, leading to immediate cause. Enter Undertying Cause (Disease or injury that initiated events resulting in death) Last  IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1	b. COROL Due to (or c. EXTE)  Due to (or d. PERI)  23c. If yes, outcor 1 Live birth 4 Pregnant 9 Unknown contributing to death Hospital: 1 Inpa 28a. Date of I (Month, I	as a consequence of NARY ARTER as a consequence of NSIVE DECU as a consequence of PHERAL ART  The of pregnancy and a consequence of DHERAL ART  The of pregnancy and the consequence of DHERAL art ime of death at time of death at time of death and the consequence of DHERAL art ime of death and the consequence of DHERAL ART	Y DISE/ BITI  ERY DISE  SERY DISE  The underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlyin	SEASE  pregnancy pecify)  cause give	on in Part I. 26. Place	of Death irsing Hon	24a. Was auto perfit 1 Yes	tobacco use Yes 2X is an psy primed? 2X No one) idence 6	Month  e contribution  No 3 [ 24b. Werr prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior prior pr	DAYS  4 YEARS  YEARS  VEARS  delivery Day Year  to to the cause of death Probably 4 Dunkn e autopsy findings avail tto completion of cause h? Yes 28 No	
r: After this certificate has been signed by the attending physician and the funeral director, page 2 should be detached for use as the burial-transit	To Be Completed by Physician/Medical	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1   Yes 2   No 9   Unknown  25. Was case referred to medical examiner? 1   Yes 2   No 27. Manner of Death 1   Matural 5   Pending	b. COROLDUS to (UT)  c. EXTEL  Due to (or  d. PERI  23c. If yes, outcor  1 Live birth  4 Pregnant  9 Unknown  contributing to death  Hospital: 1 Inpa  28a. Date of It  (Month, It)  on  be 28e. Place of	as a consequence of NARY ARTER as a consequence of NSIVE DECU as a consequence of PHERAL ART  The of pregnancy and a consequence of DHERAL ART  The of pregnancy and the consequence of DHERAL art ime of death at time of death at time of death and the consequence of DHERAL art ime of death and the consequence of DHERAL ART	BITI  ERY DIST  CERY DIST  The underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the	SEASE  pregnancy pecify)  cause give  OA Othe 28c. Injury Work 1 □ Y	26. Place  26. Nu  27. 4□ Nu	of Death irsing Hon 2 No	24a. Was auto perfit   Yes   (Check only me 5   Resi28d. Describe	Yes 2 X is an pay of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the secon	Month  e contribut  No 3 [ 24b. Werr  prior  deat  1 []  DATIC  X Other (3)	DAYS  4 YEARS  YEARS  VEARS  delivery Day Year  to to the cause of death Probably 4 Dunkn e autopsy findings avail tto completion of cause h? Yes 28 No	
r: After this certificate has been signed by the attending physician and the funeral director, page 2 should be detached for use as the burial-transit	Certification: To Be Completed by Physician/Medical	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1	b. COROL Due to for  EXTE  Due to (or  PERI  23c. If yes, outcor 1	as a consequence of NARY ARTER as a consequence of NSIVE DECU as a consequence of PHERAL ART me of pregnancy 2 Detail death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death a	BITI  ERY DIS  CERY DIS  CHARLES OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF	SEASE  oregnancy pecify)  cause give  OA Othe 28c. Injury Work 1  Y  ry, office	26. Place  26. Place  10. 4 Nu  at  ?  (es 2 1	o of Death rrsing Hon 2 No 2	24a. Was auto perful 1 Yes  (Check only me 5 Resized. Describe  28f. Location (City or To	Yes 2 X an property of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the sec	Month  e contribut  No 3 [ 24b. Werr prior deat 1    DATIC X Other (3) occurred	DAYS  4 YEARS  YEARS  VEARS  delivery Day Year  to to the cause of death Probably 4 Unkn e autopsy findings avail to completion of cause h? Yes 2 No  HTER'S HOM  Fraural Route Number, or as stated.	
After this certificate has been signed by the attending physician and funeral director, page 2 should be detached for use as the burial-transit	To Be Completed by Physician/Medical	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1   Yes 2   No 27. Manner of Death 1   Yastural 2   Accident 3   Suicide 4   Homicide  29a. Certifier (Check only 2   Medicel Exe	b. COROLDUS to CUT.  c. EXTE.  Due to (or  d. PERI.  23c. If yes, outcor  1 Live birth  4 Pregnant  9 Unknown  contributing to death  Hospital: 1 Inpa  28a. Date of International (Month).  28e. Place of building,  Physician: To the beaminer: On the basis	as a consequence of NARY ARTER as a consequence of NSIVE DECU as a consequence of PHERAL ART me of pregnancy 2 Detail death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death at time of death a	BITI  ERY DISE  BERY DISE  CERY DISE  CERY DISE  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL  CONTROL	SEASE  oregnancy pecify)  cause give  OA Othe 28c. Injury Work 1  Y  ry, office	26. Place  26. Place  C 4 Nu  at ?  Yes 2 I  number	o of Death rrsing Hon 2 No 2	24a. Was auto perful 1 Yes  (Check only me 5 Resized. Describe  28f. Location (City or To	Yes 2 X is an psy ormad? 2 X No one) idence 6 how injury. Street and wm, State) cause(s) a date and p 29d. Date	Month  a contribut  No 3 [  24b. Wern  prior  deat  1 [  DATIC  X Other (i)  occurred  Number of	DAYS  4 YEARS  YEARS  YEARS  Day Year  to to the cause of death Probably 4 Unkn e autopsy findings avail to completion of cause to completion of cause (Types 2) No  HTER'S HOM  Franciscopic Property  Transitated. due to the cause(s)  Fonth, Day, Year)	

			1- State of Maryland / D	_	artmen rtificate			ind M		giene Reg. No. 2	006	3 1	395				
	Physici /Medic		1. Decedent's Name (First, Middle, Last) Timothy Joseph Zetts						2. Date of De Month Septemi	ath Day		3. Time of 3:15					
7	Examin		4a. Facility Name (If not institution, give street and number)			-	Location o	f Death	4c. Co	4c. County of Death							
			121 Ritchie Parkway  5. Social Security Number 6. Sex 7. Age (In yrs. last birtl	th day.	Roc If Under	kvil	le If Under 2	24 Hrs	P. Data of Pin	L	tgomer	<u> </u>	- Comin				
ì	Funeral Director		17K-14 0 0 5	Yrs.	Months	Days	Hours	Min.	8. Date of Bir (Month, Da Aug • 3	, 195	1 Cal	place (State of intry) ifornia	a.				
	Maryland f show led at	or	10a. State 10b. County 10c. City, Town Maryland Montgomery Rockvi									10d. Inside C	ity Limits				
	r 28a	irect	10e. Street and Number	10g. Citizer	n of What Cou	intry?											
	th wit	ai D	121 Ritchie Parkway		United States												
036	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: If item 27 Is marked other then "neturel", or items 23a or 28a-f show entry injury or other traumatic event, if a Mcdical Event ar must be rediffical at once.	by Funeral Director	11. Marital Status  1 □ Never Married 2 □ Married  3 □ Widowed 4 ☑ Divorced  12. Was Decedent Ever in U.S. Armed Forces?  1 □ Yes 2 ☒ No If Yes, Give Year or Dates:	1	Was Decedent of Hispanic Origin? (Specify Yes or No- If Yes, specify Cuban, Mexican, Puerto Rican, etc.)  1 ☐ Yes 2X No Specify:						Race - Amer Black, White pecify: Wh						
Maryland 21215-0036	within 72 ho ene. then "netur	Completed	(Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4or 5+)	(Give life. L	a kind of work done during most of working DO NOT use retired)						of Business/li						
<u>d</u>	illed Hygi other	Be Co	17. Father's Name (First, Middle, Last)				18. Mothe	r's Name	(First, Middle,								
/lar	Menta	To B	Joseph Zetts				Doro	thy	McGil]	Lvray							
Mar	alth and 2 sho				-				hersbu	-							
Baltimore,	ent of He at: If item	Kristine M. Sykes/ Daughter 9319 Merust Lane, Gaithersh  20a. Method of Disposition 1   Burial 2   Cremation 3   Removal from State 4   Donation 5   Other (Specify)    Crematory   19, 2006															
Baltii	permit. P Departm Importar eny injur		21. Signature of Funeral Wice Doenses	22	. Name an		s of Facility	D	eVol Fu	Alexandria, Virginia Funeral Home, 10 East rsburg, MD 20877							
	Physician		23a. Part I Enter the disease, or complications that caused the death. Do no shoot chean failure. List only one cause on each line.	not ente						rest, 15ed	0.0	Approximat Interval Bet Onset and I	ween				
	/Medical Examiner		disease or condition resulting in death)  a. Due to (or as a consequence or sequence or provided by the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of th	of):		AFLA	LIVIS	om	iar a	15 84	36						
,00	ate be executed hysician and the burial-transit	Examiner	if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of):  Due to (or as a consequence of):														
68760,	icate b physic	edicai	d							-							
.O. Box (	The law requires that the death certificate be executed ate has been signed by the attending physician and bage 2 should be detached for use as the burial-transit	Physician/Me	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 □ Yes 2 □ No 9 □ Unknown  23c. If yes, outcome of pregnancy 1 □ Live birth 2 □ Fetal death 4 □ Pregnant at time of death 9 □ Unknown		□Ectopic pregnancy □ Other (specify)					23d. Date of delivery Month Day Year							
۵.	quires that t n signed by ald be deta	ρχ	Part II. Other significant conditions contributing to death but not resulting in	the ur	nderlying ca	ause give	n in Part I.		23e. Did to	_		the cause of d	death? Jnknown				
Records,		Completed					_		24a. Was autor perfo		4b. Were aut prior to co death? 1 \sum Yes	opsy findings ompletion of c	available ause of				
Vita	ysicien: The is certificate director, pag	Be	25. Was case referred to medical examiner? Hospital:			Otho			(Check only o	ne)							
	ding Phys n. After this funeral dir	tion; To	1		Bc. Injury Work	r: 4 ☐ Nur at ? ′es 2 ☐ N	2	ne 5 esid 28d. Describe I		Other (Speci ccurred	<i>fy)</i>						
Lity or Town, State)										lumber or Rui	al Route Num	iber,					
	To the Hospitel or within 24 hours after To the Funerel Dis completely filled in	29a. Certifier (Check only one)  29a. Certifier (Check only one)  29a. Certifier (Check only one)  29a. Certifier (Check only one)  29a. Certifier (Check only one)											s)				
	Within To the comp	W	29b. Signature and title of certifier Tomsko May,	me	. (2)	. License		6			igned (Month, EMDE)	Day, Year)	2006				
			30. Name and address of person who completed cause of death (Item 23a) (1) of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of	Туре,	Print) VII/E	e Pi	ke, l	3-10	10, Re	cki	ille, 1	MD 20	852				
	Sta Registr		31. Date filed (Month, Day, Year) SEP 19 2006 32 Registrar's Signature	600	uli		/		,		,						

State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 2 1. Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** Month 1232 AM 2006 Arthur H. Zake /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner SAINT AGNES HOSPITAL BALTIMORE None If Under 1 Year | If Under 24 Hrs. | Months | Days | Hours | Min. 8. Date of Birth (Month, Day, Year) 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Months M 2□F Yrs. Director 215 03 2114 95 Dec 25, 1910 Maryland Usual Residence of Decedent 10a. State 10c. City, Town or Location 10b. County 10d. Inside City Limits r than "natural", or Itema 23a or 28a-f ahow the Medical Examiner must be notified at 1 Yes 2 No Director MD Baltimore <u>Catonsville</u> 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 403 Bathurst Road 21228 United States Funeral 12. Was Decedent Ever in U.S. Armed Forces? Race - American Indian, Black, White, etc. 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status 1 Yes 2 No If Yes, Give Year or Dates: 1 Never Married 2 Married Baltimore, Maryland 21215-0036 1 ☐ Yes 2 No Specify: Specify. þ 3 Widowed 4 □ Divorced White 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within 72 Department of Health and Mentel Hygiene. Important: If Item 27 is marked other than "na any injury or other freumatic avent, the Medic once. Elementary/Secondary (0-12) College (1-4or 5+) 8 Jeweler/Watch Maker Self Employed 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Arthur Zake Lilly Moerken 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Donald A. Zake/Son 12 Appian Way Pasadena, MD 21122 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 Donation 5 Nother (Specify) entombment Lorraine Park Cem. 9-23-2006 Baltimore, MD 22. Name and Address of Facility Harry H. Witzke's Family FH Inc. 21. Signature of Funeral Service Licensee M01044 lhis 0 4112 Old Columbia Pike Ellicott City, MD 21043 23a. Part1. Enter the disease, or complications that daused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest shock, or heart failure. List only one cause on each line. Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) CARDIOMYOPATHY ISCHEMIC Physician UNKNOWN /Medical Due to (or as a consequence of). Examiner DISEASE LINKHOWN HRTERY ORONARY Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of) Examiner or Attending Physicien: The law requires thet the death certificate be executed physicien a Due to (or as a consequence of): P.O. Box 68760. Physician/Medical IF FEMALE: esn. 23c. If yes, outcome of pregnancy 1☐Live birth 2☐Fetal death 23d. Date of delivery 23b. Was decedent pregnant 3 Ectopic pregnancy in the past 12 months? 1 ☐ Yes 2 ☐ No Month Year 4 Pregnant at time of death 5 Other (specify) ed by the a deteched f 9 Unknown Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? Division of Vital Records, Be Completed by ECTROLY TE IMBALENCE 4 Munknown 3 Probably 1 □ Yes 2 □ No. FIBRILLATION 24b. Were autopsy findings available prior to completion of cause of death?

1 □ Yes 2 ☑ No 24a. Was an autopsy performe 1 Yes 2 W No. 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: 1 ☐ Yes 2 No 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? Certification: 28d. Describe how injury occurred After 1 Natural 5 Pending within 24 hours after death.

To the Funeral Director: A completely filled in by the fu 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide Hospital Medicai 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signature and Itte of certifier 29c. License number 29d. Date signed (Month, Day, Year) D0054257 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) MANJUL SHARMA, MD 400 (ATON AV. BALTIMORE - 21229 32. Rajistrar's Signature 31. Date filed (Month, Day, Year) State Registrar

			State of Maryland / Department of Health and Mental Hygien 2 0 0 6 3 1 3 9	37
			1. Decedent's Name (First, Middle, Last)  2. Date of Death Month Day Yeer  1. Decedent's Name (First, Middle, Last)	
	Physici /Medic		Dorothy Lillian Appleton Sentember 29, 2006 5 301	7 M
	Examin		4a. Facility Name (If not institution, give street and number)  4b. City, Town, or Location of Death  4c. County of Death	1.1
			Baltimore Washington Makin Contr Glan Burnie Anne Arvino	111
	Funeral		5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month), Day, Year) 9. Birthplace (State or Fig. 215-32-9891 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs. 70 Yrs.	oreign
	Director		215-32-9891	
	land		10a. State 10b. County 10c. City, Town or Location 10d. Inside City L	Limits
	Many fied	jo	MD Anne Arundel Glen Burnie	No No
	the rate	rec	10e. Street and Number 10f. Zip Code 10g. Citizen of What Country?	
	3a o	Funeral Director	528 Joy Circle 21061 U.S.A.	
	deati	ner	11. Marital Status  12. Was Decedent Ever in U.S. Armed Forces?  13. Was Decedent of Hispanic Origin? (Specify Yes or No-lif Yes, specify Cuban, Mexican, Puerto Rican, etc.)  14. Race - American Indian, Black, White, etc.	
21215-0036	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hyglene. Important: If item 27 is marked other than "natural", or Items 23a or 28a-f show important: If item 27 is marked other than "natural", or Items 23a or 28a-f show all printing or other traumatic event. Ite Madical Excitate India or collined at once.	by	1 Never Married 2 Married 1 Yes, Specify Cubart, Mexican, Puerior Rican, etc.)  1 Yes, Give Year or Dates:    Tres, specify Cubart, Mexican, Puerior Rican, etc.)   Specify: White	
9-0	72 ho	Completed	15. Decedent's Education 16a. Decedent's Usual Occupation (Specify only highest grade completed) 16b. Kind of Business/Industry (Give kind of work done during most of working	
21	thin .	nple	Elementary/Secondary (0·12) College (1-4or 5+)	
	ed wi	S	10 Waitress Restaurant	
pu	be fill d off	Be	17. Father's Name (First, Middle, Last)  18. Mother's Name (First, Middle, Maiden Surname)	
yla	d Men narke	ည	Norman Louis Otto Anna Lozzetta Bishop	
Maryland	12 sh n and n is m raum		19a. Informant's Name/Relationship (Type, Print)  19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)	
	t and tealth em 27 ther tr	1 9	Deborah Barth / Daughter 528 Joy Circle, Glen Burnie, MD 21061  20a. Method of Disposition  20b. Place of Disposition (Name of Date 20c. Location - City or Town, State	
Baltimore,	Pages nent of h int: If ite		1 Burial 2 Cemetery, crematory or other place)	
Ħ	it. Pi		'4 Donation 5 Other (Specify)  Bayview Crematory 10/02/06 Baltimore, MD  21. Signature of Experil Service Licensee 22. Name and Address of Facility G.J.Gonce Funeral Home,	PA
Ba	permit. Page Department of Important: If any injury or once.			IA
			23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,  Approximate	
	N V	s	shock, or heart failure. List only one cause on each line.  Interval Betwee Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec	en ath
	Physician /Medical		disease or condition resulting in death)  a. Due to (or as a consequence disease)	
	Examiner			
	1	je.	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	
	cuted od ransil	Examiner	that initiated events c.	
0,	e exe ian ar urial-t	Ë	resulting in death) Last Due to (or as a consequence of):	
8760,	cate be executed physician and the burial-transit	dical	d	
9	ing p	Me	IF FEMALE:	
Вох	death certifi e attending d for use as	lan/	23b. Was decedent pregnant in the past 12 months?  23c. If yes, outcome of pregnancy  1 Live birth 2 Fetal death 3 Ectopic pregnancy  Month Day Yes	ar
0.	n requires that the death certifi been signed by the atlending should be detached for use as	by Physiclan/Me	1 ☐ Yes 25 No 9 ☐ Unknown 9 ☐ Unknown	
Θ.	requires that the een signed by th hould be detache	Ph	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  23e. Did tobacco use contribute to the cause of death	 th?
Records,	signe d be		Yes 2 No 3 Probably 4 Unk	known
Ö	request should	ete	24a. Was an 24b. Were autopsy findings ava	ailahla
He	e la has ge 2	Completed	autopsy prior to completion of cause	
	T age	e Co	1 Yes 2 TNO 1 TYPE 2 TNO	
of Vital		8	25. Was case referred to medical examiner?  1	
of	Phys r this srat dii	.To	27. Manger of Death 28a. Date of Injury 28b. Time of 28c. Injury at 28d. Describe how injury occurred	
on	ding Ph th. : After th s tuneral	tion	1 Natural 5 Pending (Month, Day Year) Injury Work? 2 Accident investigation M 1 Yes 2 No	
Division	Attending I st death. ector: After by the funer	fica	3 Suicide 6 Could not be 28e. Place of Injury · At home, farm, street, factory, office 28f. Location (Street and Number or Rural Route Number	r,
Ö	al or afte	Certification:	4  Homicide determined building, etc. (Specify) City or Town, State)	
	To the Hospital or Attendir, within 24 hours after death.  To the Funeral Director: All completely filled in by the fu	edical (	29a. Certifier (Check only one)  Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.  2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.	
	withir comp	Me	29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year)	
	Y		1)4800b  09/29/2006	
1	3		30. Name and address of person who completed cause of death (Item 23a) (Type, Print)	1
	/		FUM BUYATTY, SVI HOSPATEI OV. 1 PONINGINA	V
		ate	31. Date filed (Month, Day, Year)  32. By strar's Signature	
	Regist	2001	OCT 0.4 2006 See & Spark	

DHMH 17 Rev 1/2001

06-07347 India Che Aziz

Please Type or Print in Black Indelible Ink
State of Marvland / Department of Health and Mental Hygiene

Idia Cile Aziz		For State Registrar			te of Death	lai riygi		No No	200	6 3130
Physiciar Medical Examin	1/	1. Decedent's Name (First, Middle,L India Che A	•				Date of Death Month eptember	Day 20 200	Year	3-time oweath U 2 0139 hrs
edical Examin		4a. Facility Name (if not institution, g			4b. City, Town, or Location of		eptember		unty of Death	
j		Washington Adventist H	ospital		Takoma Park				tgomery	
Funeral Director		214 94-2742	Sex 7. Age (In yrs.		7 Yrs. If Under 1 Year If Under 1 Year Amonths Days Hours	Min	Date of Birth	•	Foreign	nplace (State or notation)
any	-	10a. State 10b. County	10c. City	, Town or	Location				Ĭ	10d. Inside City Limits
Maryland 28a-f show any d at once.	ğ	MD n/a	1	3alt	imore					1 X Yes 2 No
e Mary or 28a-	Director	10e. Street and Number			10f. Zip Code 21229		100		of What Coun	try?
with these 23a ee notif	<u>a</u>	26 Cobber La	12. Was Decedent Ever in U	.S. 1	13. Was Decedent of Hispanic Original			14	Race - Americ	can Indian, Black,
15-0036  Filed within 72 hours after death with the Maryland I Hygiene ed other than "natural", or items 23a or 28a-f sho i, the Medical Examiner must be notified at once	by Funeral	1 Never Married 2 Marri 3 Widowed 4 X Divorce	Armed Forces?  1 Yes 2 X No  If Yes, Give Year or Dates:		If Yes, specify Cuban, Mexican,  1 Yes 2 No specify:	Puerto Rica	an, etc.)		white, etc. Afric Ameri	an- can
hours a		15. Decedent's Education (Specify Elementary/Secondary (0-12)	only highest grade completed)  College (1-4 or 5+)		ecedent's Usual Occupation (Give I iring most of working life. DO NOT		done	16b. Kind	of Business/Ir	ndustry
5-0036 led within 72 hours after Aggine and other than "natural", the Medical Examiner.	Completed	Elementary/Secondary (0-12)	3	Ben	efits Special	ist		Soc	ial S Admi	ecurity
21215-0036 Juld be filed within 7 Mental Hygiene marked other than c event, the Medica		17. Father's Name (First, Middle, La				,	st, Middle, Ma		name)	
112 Id be Aenta narke	o Be	Robert W. Lea  19a. Informant's Name/Relationship		19b	Mailing Address (Street and Num		Rand Route Numb		r Town, State,	Zip Code)
nore, MD 21218 gges I and 2 should be fil nt of Health and Mental F it: If item 27 is marked other traumanic event, i		Cerri D. Randa			7 Winters Lan					
ore, es land of Heal If iten		20a. Method of DispositionEnt C	ombment 20b. Removal from State		Disposition (Name of cemetery, y or other place)	Da	ate	20c. Loca	ation - City or	Town, State
Baltimore, permit Pages I at Department of He Important: If ite injury or other ir	-	4 Donation & X Other Spec 21. Signature of Funeral Servi	ity. Wo	odla	awn Cemetery	10/6	06	Wood	dlawr	, MD Balto. Co
Bal permi Depar Impo injur		21. Signature of Furieraryservit.	11/2		9200 Liberty					
Physician		23a. Part . Enter the disease, or co failure. List only one cause on		n. Do not						Approximate Interval Between Onset and
/Medical Examiner		Immediate Cause (Final disease or condition resulting in death)	a. Pulmonary Thromboer  Due to (or as a consequence of							Death
	.	Sequentially list conditions,	b							
	Ē.	if any, leading to immediate  Estar Uncarrying Gaster (Disease or injury that initiated	Due to (or as a consequence of	of):						
nsit / A/	Examine	events resulting in death) Last	Due to (or as a consequence of	of):	-					
e be executed ysician and burial - transit	Medical	UNPENDED	7	F. 084	52, 12/16/06 TT					
760, icate be physici the buri		IF FEMALE: 23b. Was decedent pregnant in the	23c. If yes, outcome of pres	gnancy					ate of delivery	V
Box 687 e death certific the attending I ed for use as t	cian	past 12 months?	1 Live birth 4 Pregnant at time of d	2 [ eath 5	Fetal death 3 Ectopic  X Other (Specify) Miscarr			Mo	ntn D	ay Year
BO he deat	Physician,	1 Yes 2 No 9 Unknot	9 Onknown		in the underlying cause given in Pa		23a Did tob	2000 1150	contribute to t	he cause of death?
, P.O. Baires that the de signed by the	ক্র	Part II. Other Significant condition	s continuiting to death but not	resulting	in the underlying cause given in Fa	11 € 1.				ably 4 🗸 Unknown
rds, require been si hould b	Completed						24a. Was a autops			opsy findings available ompletion of cause of
Vital Records ysician: The law requi his certificate has been.	e l						perform 1 🗸 Yes 2	ned?	death? 1 ✓ Ye	
tal Rection: The certificate ector, page	BeC	25. Was case referred to medical examiner?	Hospital: 1   Inpatient 2		26.Place of Death					
of Vil	ှိ	1 ✓ Yes 2 No 27. Manner of Death	28a. Date of Injury		patient 3 DOA Other 4 me of Injury 28c. Injury at Work	Nursing H	ome 5 F	Residence ow injury o		
On C on C ending ath or: Afi	틸	1 V Natural 5 Pending			1 Yes 2	No				
Division of Vital Records, P.O. Box 68760, within 24 hours after death  To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours after death  To the Finneral Director: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be detached for use as the burial - transi	Certification:	2 Accident Investig 3 Suicide 6 Could r 4 Homicide determine	ot be 28e. Place of Injury - At h	nome, far	m, street, factory, office building, et	c. 28f	Location (Si or Town, St		Number or Rui	ral Route Number, City
o the Hosp ithin 24 ho o the Finne	Medical C				n occurred at the time, date and playestigation, in my opinion, death oc					
F » F »	ğ	29b. Signature and title of certifier	ν		29c. License number				e signed (Mor	
		Theoder M.	fit In,	mil	O.C.M.E.			Septer	mber 30, 2	JU0
Y		30. Name and address of person will Theodore M. King, Jr., N	ID. Assistant Medical	Examir	ner 111 Penn Street, Ba	Itimore, I	MD 21201			
Sta Regist		31. Date filed (Month, Day, Year)	Registrar's Signa	ture	certe					
				P #						

			State of Ma 1- For Amend #19b Per FH 8860 Registrer &31 Per DVR	14984/0ep	artment of Health and Historicate of Death	Mental Hygie	ne2006	31400
			1. Decedent's Name (First, Middle, Last)	1		2. Date of Death	Day Year	3. Time of Death
	Physicia /Medic		Lucille	130	nnell	Sept.	26, 2006	1441 PM
	Examin		4a. Facility Name (If not institution, give street and number)		4b. City, Town, or Location of Dea	th	4d. County of Death	
			The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	Tex	If Under 1 Year If Under 24 Hrs		NA	
	Funeral Director		5. Social Security Number 6. Sex 7. Age 1	e (In yrs. last birthday) Yrs.	If Under 1 Year If Under 24 Hrs Months Days Hours Min	. (Month, Day, Ye	ar) Cou	place (State or Foreign ntry)
			Usual Residence of Decedent	)		July 23,	1923 14	i.c.
	how	,	10a. State 10b. County	10c. City, Town or Lo	cation			10d. Inside City Limits
	e Ma 3a-f s	cto	M.D N/A	1341	Timore			1 □ Yes 2 □ No
	ith th	Director	10e. Street and Number		10f. Zip Code	10g.	Citizen of What Cou	ntry?
	e 23s		1209 N. Linwood A	ve	212/3		21.5.1	
	item item	Funeral	11. Marital Status  1 Never Married  12. Was Decedent   Armed Forces?  1 Never Married  1 Yes 2	ever in U.S. 13.	Nas Decedent of Hispanic Origin? ( f Yes, sp <i>eci</i> fy Cuban, Mexican, Puel	to Rican, etc.)	14. Race - Ameri Black, White,	
920	urs af	þ	If Yes, Give Year or Dates:		1 ☐ Yes 2 Kno Specify:		Specify: B	ACK.
5-0036	within 72 hours after death with the Maryland ene. Than "natural", or Iteme 23s or 28s-f show he Mudical Ever instrumente rollified at	Completed	15. Decedent's Education (Specify only highest grade completed)	16a. Deced	dent's Usual Occupation kind of work done during most of wo	16t	. Kind of Business/Ir	dustry
2	ithin ne.	nple	Elementary/Secondary (0-12) College (1-4or 5	life.	DO NOT use retired)	in and in a second	1 —	
12	filed w Hygier other th		17. Father's Name (First, Middle, Last)	e t.	Actory Work.	en l	COAT C	retory
and	ould be filed with Mental Hygiene. arked other that attc event, the M	Be	1 1 20		nai	me (First, Middle, Mai	Veal	•
Maryland	2 should be filed withir and Mental Hygiene. Is marked other than eumatic event, the Ma	၉	19a. Informant's Name/Relationship (Type, Print)		ng Address (Street and Number or R	Cs // A /		Codel
Z	and 2 sealth and 2 sealth and 27 is ner treu		William Dorham In.	1 4	HAMILTON TEA		° 10031° -	
ē,	ges 1 and 2 should be filed within 72 hours after death with the Marylan tof Health and Menth Hygiene. If I them 27 is marked other than "natural, or liteme 23a or 28a-f show if I them 27 is marked other than "natural, or liter marked only in a Mudical Exist" in a marked or other treumatic event, the Mudical Exist" in a marked or other treumatic event, the Mudical Exist" in a marked or other treumatic event, the Mudical Exist" in a marked or other treumatic event.		20a. Method of Disposition	20b. Place of Dispo	sition (Name of natory or other place)	Date 200	. Location - City or To	own, State
Ë	Pages nent of l int: if it		1   Burial 2 □ Cremation 3 □ Removal from State  1 □ Donation 5 □ Other (Specify)	Dulane		-3,2006 7	OWNER	md.
Baltimore,	permit, Pages 1 and Department of Health Importent: If Item 27 eny injury or other tr once.	Î	21. Signature of Funeral Service Licensee		. Name and Address of Facility	Hone	1027	
8	\$0 E 8 8		Matricia But		Betts Funecal	a. 12	ATTIMORE	md 2/2/3
П			23a. Part1. Enter the disease, or complications that caused shock, or heart failure. List only one cause on each lin	the death. Do not ent le.	er the mode of dying, such as cardia	c or respiratory arrest,		Approximate Interval Between
	Pnysician	1	Immediate Cause (Final disease or condition	Worusular	Disease			Onset and Death
	/Medical Examiner		resulting in death)  Due ty (or as	a consequence of);				
		<u>-</u>	Sequentially list conditions, b.	a consequence of):	1			
	uted 1 ansit	Examiner	it any leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	setu Siel	1.441-T-100}			
o,	be executed sician and burial-transit			a consequence of):	// //			
8760	The law requires that the death certificate be executed to has been signed by the attending physician and bage 2 should be detached for use as the burial-transit	dlcal	d		*			
39	ing pl	Med	IF FEMALE:					
Вох	eath certific attending p	ian/	23b. Was decedent pregnant   23c. If yes, outcome	2 ☐ Fetal death 3 ☐	Ectopic pregnancy		23d. Date of deliver	ery Day Year
0.	he de the a	Physician/Me	1 ☐ Yes 2 ☐ NO 4 ☐ Pregnant at 9 ☐ Unknown	time of death 5	Other (specify)			,
ص.	res that the de igned by the be detached	h h	Part II. Other significant conditions contributing to death but	ut not resulting in the u	nderlying cause given in Part I.	23e. Did tobac	o use contribute to t	he cause of death?
Records,	uires sign	d by				1 🗀 Yes	2 <b>□</b> No 3 □ Prob	pably 4 Unknown
Ö	s been should	Completed				24a. Was an	24b. Were auto	psy findings available
R	The lay	E O				autopsy performed 1 ☐ Yes 2 ☑	death?	mpletion of cause of
		BeC	25. Was case referred to medical examiner?		26. Place of De	ath (Check only one)	10 12.00	2270
of V	S 5 5	2	1 ☐ Yes 2 ☐ Hospital: 1 ☐ Inpatie	nt 2□ER/Outpatien	t 3 DOA Other: 4 Nursing I	Home 5 Residence	6 □Other (Specif	iy)
		ou:	27. Manner of Death 1 ☑Natural 5 ☐ Pending (Month, Da)	y 28b. Time of Injury	28c, Injury at Work?	28d. Describe how i	njury occurred	
Sio	uttendid death. ctor: A y the fu	icat	2 Accident investigation 3 Suicide 6 Could not be		M 1 Yes 2 No	206 1		1. Control March 2.
Division	il or Attend after death Director: ,	Certification:	4 Homicide determined 286. Place of Into	iry - At home, farm, str c. (Specify)	эет, тастогу, оптсе	City or Town, S	t and Number or Rura tate)	ar Houte Number,
	To the Hospital or Attending within 24 hours after death. To the Funerel Director: After completely filled in by the fune		29a. Certifier 1 Certifying Physicien: To the best	of my knowledge, de <b>∮</b> th	occurred at the time, date and plac	e, and due to the cause	e(s) and manner as s	tated.
	the Ho hin 24 th the Fu upletely	Medical	(Check only 2 Medical Exeminer: On the basis of and manner sta	examination and/of/inv	restigation, in my opinion, death occ	urred at the time, date	and place, and due to	the cause(s)
	To the Hospital within 24 hours a within 24 hours a . To the Funeral Completely filled	ž	29b. Signature and tifle of certifier		29c. License number	29d.	Date signed (Month,	Day, Year)
	0			100	H006263	8	9179/06	
4	∤ '		30. Name and ad ress of person who completed cause of de	eath (Item 23a) (Type,	Print) HOO6263	1 11.	11.20	
			A MAGALLANA KILL	1 1201 11				
	Sta		31. Date filed (Month, Day, Year) 32. Registra	ur's Signature	Agen 74" Trife	A, BUTDI	nux, MU	1424

DHMH 17 Rev 1/2001

			1- For Amend #5 Per FIF 5860 MO/13/06 J	partment of Health and Mertificate of Death	ental Hygier Reg. 1	
	Physici /Medic		1. Decedent's Name <i>(First, Middle, Last)</i> Charlotte L. Boyle			Day Year 3. Time of Death 3. 3. Time of Death 3. 3. Time of Death 3. 3. Time of Death 3. 3. Time of Death 3. 3. Time of Death 3. 3. Time of Death 3. 3. Time of Death 3. 3. Time of Death 3. 3. Time of Death 3. 3. Time of Death 3. 3. Time of Death 3. 3. Time of Death 3. 3. Time of Death 3. 3. Time of Death 3. 3. Time of Death 3. 3. Time of Death 3. 3. Time of Death 3. 3. Time of Death 3. 3. Time of Death 3. 3. Time of Death 3. 3. Time of Death 3. 3. Time of Death 3. 3. Time of Death 3. 3. Time of Death 3. 3. Time of Death 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.
	Examir Funeral Director		4a. Facility Name (If not institution, give street and number)  104 Disney Avenue  5. 213-34+72642 6. Sex 7. Age (In yrs. last birtho	4b. City, Town, or Location of Death Pasadena [ay] If Under 1 Year   If Under 24 Hrs. Months Days Hours Min.		Anne Arundel  9. Birthplace (State or Foreign Country)
	yland		Usual Residence of Decedent  10a. State 10b. County 10c. City, Town of	r Location		10d. Inside City Limits
	Ba-f •	Director	Maryland Anne Arundel	Pasadena		1 ☐ Yes 2 ☒ No
	with the	2	10e. Street and Number 104 Disney Avenue	10f. Zip Code 21122	10g.	Citizen of What Country? USA
36	hours after death with the Maryland tural', or items 23a or 28a-f ehow al Examinar must be notified at	by Funeral		I3. Was Decedent of Hispanic Origin? (Spenif Yes, specify Cuban, Mexican, Puerto F	cify Yes or No- Rican, etc.)	14. Race - American Indian, Black, White, etc. Specify: White
9500-GLZL	within 72 hou ane. then "natura	Completed	15. Decedent's Education 16a. Dr. (Specify only highest grade completed) (C	acedent's Usual Occupation live kind of work done during most of workin e. DO NOT use retired) Teacher	ng	Kind of Business/Industry
א פו	e filed v Il Hygie other t	0	17. Father's Name (First, Middle, Last)		(First, Middle, Maid	Church School  en Sumame)
ylar	iould by Menta narked natic ev	To B	Charles M. Hanus	Helen		ni tehead
Z	nd 2 sh lith and 27 is rr r traum			ailing Address <i>(Street and Number or Rural</i> 4 Disney Avenue, Pas		y or Town, State, Zip Code)
more,	Pages 1 ar nent of Hea int: If item iry or othe		20a. Method of Disposition  20b. Place of Disposition  1 Plurial 2 M Compation 3 Plannoval from State  20b. Place of Disposition		20c.	Location - City or Town, State timore, Maryland
Ball	permit. Depertri Imports eny inju		21. Signature of Funerat Service Upanyte		allings F	uneral Home, P.A.
8/00, 8	Physicien and // // // // // // // // // // // // //	edical Examiner	23a. Part. Enter the disease, or comblications that caused the death. Do not shock, or heart failule. List only one cause on each line.  Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  Due to (or as a consequence of):	natory of the corner , right to	to s	Interval Between Onset and Dyath Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Stranger Strang
O. Box 62	death certii e attending id for use a	Physician/Med	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 ☐ Yes 2 ☐ No 9 ☐ Unknown  23c. If yes, outcome of pregnancy 1 ☐ Live birth 2 ☐ Fetal death 4 ☐ Pregnant at time of death 9 ☐ Unknown	3 □Ectopic pregnancy 5 □ Other (specify)		23d. Date of delivery Month Day Year
ras, r.	requires thet the een signed by th hould be detache		Part II. Other significant conditions contributing to death but not resulting in the	e underlying cause given in Part I.	23e. Did tobacc	o use contribute to the cause of death?
H Kecol	: The law re cate hes bei , page 2 sho	Completed by	malmutniti	<b>)</b>	24a. Was an autopsy performed?	24b. Were autopsy findings available prior to completion of cause of death?  1 \sum Yes 2 \sum No
Vital	siclan certifi irector	o Be	25. Was case referred to medical examiner?  1 ☐ Yes 2 No	26. Place of Death		
ion or	To the Hospital or Attending Physician: The law within 24 hours efter death.  To the Funeral Director: After this certificate hes i completely filled in by the funeral director, page 2.	-	27. Manner of Death  1 Natural 5 Pending (Month, Day Year)  2 Accident investigation	e of 28c. Injury at 2	8d. Describe how in	6 □Other (Specify) jury occurred
Division	ital or Attuirs efter de ral Directo led in by ti	Certification:	3 ☐ Suicide 6 ☐ Could not be determined 28e. Place of Injury - At home, farm, building, etc. (Specify)		City or Town, Sta	
	the Hosp hin 24 hou the Funel npletely fil	Medical	29a. Certifier (Check only one)  Certifying Physician: To the best of my knowledge, d  Check only one)  Certifying Physician: To the best of my knowledge, d  and manner stated.	r investigation, in my opinion, death occurre	d at the time, date a	nd place, and due to the cause(s)
			29b. Signature and title of certifier  Sernardim a Mo	29c. License number DO0158	866 10	Date signed (Month, Day, Year)
	10		30. Name and address of person who completed cause of death (Item 23a) (Ty.  Ser nard in Alon 30 300	Hospital Dr. S	te 230 (	SB MD. 21061
	Sta Registr		31. Date filed (Month, Day, Year)  OCT 0 4 2006	George		

DHMH 17 Rev 1/2001

		1 - For State Registrar	State of Mary	land / Dep <i>Ce</i>	partment of Fertificate of	lealth and Death		Reg. No.	06	31402
Physicia	an	1. Decedent's Name (First, Middle, La	N. Bradley				2. Date of De	ath 2006	Year	3. Time of Death 7:00a M
/Medic Examin	al	4a. Facility Name (If not institution, giv		nter	4b. City, Town, o	r Location of Deat		4c. Count	y of Death	
Funeral Director		5. Social Security Number 6. 8 243–24–5276		yrs. last birthda	-	If Under 24 Hrs Hours Min.	8. Date of Bin (Month, Da Apr. 2	h Year) 20	9. Birthp Nort	ace (State or Foreign try) Carolina
Maryland a-f show	tor	Usual Residence of Decedent  10a. State  10b. County  Md. Carroll		c. City, Town or I Finksbu					10	0d. Inside City Limits 1 ☐ Yes 2 1 No
ath with the 23a or 28 ust be not	<b>Funeral Director</b>	10e. Street and Number 2551 Baltim	ore Blvd. Lo	t 54	10f. Zip Code 21(	048		10g. Citizen of U.	What Coun	try?
permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show important: If item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event. It a Marical Exactifier must be notified at once.	by	11. Marital Status  1 Never Married 2 Married  3 Widowed 4 DDivorced	12. Was Decedent Ever Armed Forces? 1 ☐ Yes 2 ♣ No If Yes, Give Year or Dates:	in U.S. 13	Was Decedent of H If Yes, specify Cuba 1 Yes 2 No	ispanic Origin? (S an, Mexican, Puer Specify:	Specify Yes or No to Rican, etc.)		ce - Americ ck, White, o y: Whi	etc.
within 72 ho ene. than "natui re Madical	Completed	15. Decedent's E (Specify only highest gr.	ducation ade completed) Coilege (1-4or 5+)	(Giv	edent's Usual Occup re kind of work done DO NOT use retired unt Invest	during most of wo d)		16b. Kind of B		rity Adm.
ild be filed lental Hygie ked other ic event, II	To Be Co	12 17. Father's Name (First, Middle, Last Marvin W. Hoyl				18. Mother's Na	me (First, Middle, Wehunt			
1 and 2 shou Health and M tem 27 Is mar other traumat		19a. Informant's Name/Relationship ( Richard W. Bra	dley - Son	153	ling Address (Street) Crofton	and Number or Ri Parkway	Crofton	or, City or Town, Md. 2	State, Zip	Code)
Pages 1 Iment of He tant: If iten jury or oth		20a. Method of Disposition 1 ☐ Burial 2	Removal from State	cemetery, cr	position (Name of ematory or other place Crematory		6,2006	20c. Location Baltimo	•	
permit. Departr Imports any inju		21. Signature of Fyheral Service Lice	Wardt		11605 Re	t Funera.	l Chapel	Owings	Mill	
The law requires that the death certificate be executed  Ex  A place is good by the attending physician and cage 2 should be detached for use as the burial-transit  United to the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control	dical Examiner	23a. Parf. Enter try disease, or com shock, or he in failure. List only Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Undertying Cause (Disease or injury that initiated events resulting in death) Last	one cause on each line.	nsequence of):	onary	Ant	ery I	) i sea	-	Approximate Interval Between Onset and Death H RS
at the death certific by the attending p tached for use as i	Physician/Me	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 ☐ Yes 2 ☑ No 9 ☐ Unknown	23c. If yes, outcome of pr 1 ☐ Live birth 2 ☐ 4 ☐ Pregnant at time 9 ☐ Unknown	Fetal death 3	□Ectopic pregnancy □ Other (specify)				te of deliver	y Day Year
quires that on signed b uld be deta	by	Part II. Other significant conditions of	1100	A 17m	underlying cause give	en in Part I.	23e. Did to		tribute to the	e cause of death?
: The law requicate has been page 2 should	Completed						24a. Was autop perto 1  Yes	sy med/?	prior to con death?	sy findings available apletion of cause of
sician; Th certificate irector, pag	o Be	25. Was case referred to medical examiner?	Hospital:	ard-nia	Othe	ar:	ath (Check only o			
To the Hospital or Attending Physician: within 24 hours after deals To the Funeral Director. After this certifica completely filled in by the funeral director, i	$\vdash$	1 Yes 25 No  27. Manner of Death 1 Natural 5 Pending 2 Accident investigation	1 ☐ Inpatient  28a. Date of Injury (Month, Day Yea	2 ER/Outpation  8b. Time Injury	of 28c. Injun	4   Nursing F	lome 5 ☐ Resid			
To the Hospital or Attending F within 24 hours after death. To the Funeral Director: After completely filled in by the funer	Certification:	3 ☐ Suicide 6 ☐ Could not b 4 ☐ Homicide determined		At home, farm, soecify)	street, factory, office		28f. Location (S City or Ton		er or Rural	Route Number,
To the Hospital within 24 hours a To the Funeral Completely filled	ledical	(Check only one) Medical Exer	nysicien: To the best of my miner: On the basis of exa and manner stated.	knowledge, dea mination and/or i	nvestigation, in my o	pinion, death occu	irred at the time,	date and place,	and due to	the cause(s)
To To To To	2	29b. Signature and title of certifier	nano	9	29c. License	2010	8	29d. Date signe	(Month, E	99, Year) 06
Sta	40	Rakesh And 31. Date filed (Month, Day, Year)	1,120	o Gal	Ign+Box	Ln. Bou	ure, M	1 20	2715	•

DHMH 17 Rev 1/2001

State

Registrar

OCT 0 4 2006

Baltimore, Maryland 21215-0036

Division of Vital Records, P.O. Box 68760,

32. Registrar's Signature

		For State Registrar	State of Maryla	nd / Depa <i>Cei</i>	artment of I rtificate of	Health and M Death	Mental Hygio	ene 2006	31403
Physicia	an	Decedent's Name (First, Middle, Last)     Lois	Boyd				2. Date of Death	R ^{Day} ı. Žůj	3. Time of Death
/Medic Examin	al	4a. Facility Name (If not institution, give si Saint Joseph		nter	4b. City, Town,	or Location of Death		4c. County of Dea	
Funeral Director		5. Social Security Number 267-58-0307 6. Sex 1□	M 2 TF 7. Age (In yrs	. last birthday) 7 Yrs.	If Under 1 Year Months Days		B. Date of Birth (Month, Day, ) JULY 18,	9. Bi	thplace (State or Foreign ountry) INSYIvania
pu 😸		Usual Residence of Decedent  10a. State 10b. County	100 6	ity, Town or Lo	antion				10d. Inside City Limits
Maryla f ehov	ō	MD Baltimo		Tows					1 Tyes 2 No
with the	i Director	10e. Street and Number 31 Lambourne Rd.,	#505		10f. Zip Code 21	204	109	g. Citizen of What C	ountry?
should be filled within 72 hours after death with the Maryland Modelal Hygiene. Ind Mental Hygiene. Inarked other than "natural", or itema 23a or 28e-f ehow Imarked other than "natural", or itema 23a or 28e-f ehow Imaric avent, the Modical Examinar must be notilised.	by Funerai	11. Marital Status 1  1 Never Married 2 Married 3 XWidowed 4 Divorced	2. Was Decedent Ever in t Armed Forces? 1		Was Decedent of f Yes, specify Cub	Hispanic Origin? (Span, Mexican, Puerto	pecify Yes or No- pecify Yes or No- perior Rican, etc.)	14. Race - Am Black, Whi	
72 ho	eted	15. Decedent's Educ (Specify only highest grade		16a. Dece	dent's Usual Occu	pation during most of work	kına 16	Sb. Kind of Business	/Industry
d within giene. er then	Completed	Elementary/Secondary (0-12)	College (1-4or 5+) 5+	life. I	istered	nd)	, and	Health Ca	nstŕuctor re
uid be file fental Hy rked othe	To Be (	17. Father's Name <i>(First, Middl</i> e, <i>Last)</i> Hargett	Kinard			18. Mother's Nam Pearl	ne (First, Middle, Ma	aiden Sumame) Greer	hill
and 2 shou eeith and M m 27 ie mai		19a. Informant's Name/Relationship (Type Cheryl B. Gue-dau			-		ral Route Number, erest Hill	City or Town, State, , MD 210	
permit. Pages I and 2 should be filed within 72 ho Department of Heelih and Mental Hygiene. In the Important: If Item 27 is marked other than "natur any Injury or other treumatic avent, the Madical once.		20a. Method of Disposition  1 ☑ Burial 2 ☐ Cremation 3 ☐ Re 4 ☐ Donation 5 ☐ Other (Specify)	emoval from State 20b.	Place of Dispo cemetery, cren KE V1 EW	sition (Name of matory or other pla	10/0		oc. Location - City of	
permit. Departr Importe any Inju		21. Signature of Funeral Service License	William G.		Name and Address 050 York	ess of FacilityRuc Rd., Tow	k Towson	Funeral H 21204	ome, Inc.
cate be executed by Scician and by Scician and by Scician and the pricial-transit the pricial-transit	dical Examiner	23a. Part1. Enter the disease, or complic shock, or heart failure. List only one Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  d.	Due to (or as a conse	IC BRE					Approximate Interval Between Onset and Death
The lew requires that the death certificate that been signed by the ettending phage 2 should be detached for use as the	Physician/Med	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 □ Yes 2 No 9 □ Unknown	c. If yes, outcome of pregr 1 ☐ Live birth 2 ☐ Fet 4 ☐ Pregnant at time of 9 ☐ Unknown	al death 3	Ectopic pregnand Other (specify)	у		23d. Date of de Month	livery Day Year
uires that signed b	þ	Part II. Other significant conditions cont  ANEMIA	ributing to death but not re	sulting in the ur	nderlying cause gr	ven in Part I.	23e. Did toba	- i	o the cause of death?
: The lew requir cate has been s page 2 should	Completed	THROMBOCYTOPENI	A		-		24a. Was an autopsy performe	prior to	utopsy findings available completion of cause of
sician: T certifical irector, p	Be	25. Was case referred to medical examiner?  1  Yes 2 No	spitat:	7.ED/0		har	th Check only one		
Attending Physician: r death. ector: After this cartification by the funeral director.	lon: To	27. Manner of Death 1 XNatural 5 ☐ Pending	28a. Date of Injury (Month, Day Year)	28b. Time of Injury	28c. Inju	ry at	ome 5 ☐ Hesiden 28d. Describe how	ce 6 □Other (Sperinjury occurred	ecify)
To the Hospitel or Attendi within 24 hours after death. To the Funerel Director: A completely filled in by the fu	Certification:	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. Place of Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Injury - At Inju	nome, farm, straify)		]Yes 2 □ No	28f. Location (Stre City or Town,	et and Number or R State)	ural Route Number,
To the Hospitel or At within 24 hours after or To the Funerel Direct completely filled in by	edical C	29a. Certifier 1 Certifying Physic (Check or by one)	cian: To the best of my kn er: On the basis of examin and manner stated.	owledge, death ation and/or inv	occurred at the tivestigation, in my	me, date and place opinion, death occur	, and due to the cau rred at the time, dat	se(s) and manner a e and place, and du	s stated. e to the cause(s)
To the within 2 To the comple	Me	29b. Signature and title of certifier			29c. Licen	se number	290	d. Date signed (Mon	
	1	Consumer Ville	-	- 00.15		7254		10/1/2	56
/0		BOON POH LIM, I	1. D. 70	501 OS	Print)	VE TOW	SON MA	RYLAND	21204
Sta Registr		31. Date filed (Month, Day, Year).	32. Registrar's Sign	ature	Care !				

State of Maryland / Department of Health and Mental Hygien 2006 1 - For Stete Registrar Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) Date of Death 3. Time of Death 9:10 F OMOTIOBERDAY . 2006 Physician Eleanor C. Bopp /Medical 4b. City, Town, or Location of Death on 4c. County Part imore 4a. Fasility Name (If not institution pive sheet and number) Center Examiner If Under 1 Year | If Under 24 Hrs. 8. Date of Birth (Month, Day Year) | March 22,1907 Birthplace (State or Foreign Country) 5. Social Security Number 7. Age (In vrs. last birthday) 6. Sex **Funeral** Months 1 ☐ M 2 ☐ F 99 March Maryland Director 213-01-9839 Usual Residence of Decedent filed within 72 hours after death with the Maryland 10a. State 10c, City, Town or Location 10d. Inside City Limits 10b. County permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylar Department of Health and Mental Hygiene. Important: if item 27 is marked other than "naturel", or iteme 23a or 28a-f ehow any injury or other fraumatic event, the Medical Examiner must be notified at once. 1 ☐ Yes 2 ☑ No Director MD Timonium Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21093 USA 2300 Dulaney Valley Road W - 308Completed by Funeral 12. Was Decedent Ever in U.S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian. Black, White, etc. 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0036 1 Yes 2 No white Specify: Specify: 3 X Widowed 4 □ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Home Maker Own Home 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Benjamin Baker Annie Gumbert 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) 2300 Dulaney Valley Road W-308; Timonium, MD 21093 Robert L. Bopp son 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Moreland Memorial Park 10/4/06 Parkville, MD 21. Signature of Fune al Service Gicen 22. Name and Address of Facility 1050 York Road Ruck Towson Funeral Home Towson, MD 21204 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one puise on each line. Approximate Interval Between Pries In Pries Immediate Cause (Final disease or condition resulting in death) ARRHYTHMIA **Physician** /Medical Due to (or as a consequence of): Examiner Sequentially list conditions, any, leading to minadiala cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Examiner Oue to for as a consequence of signed by the ettending physicien and dedetached for use as the burial-transit The law requires that the deeth certificate be executed lphaDivision of Vital Records, P.O. Box 68760 $\sigma$ Due to (or as a consequence of): Physician/Medical IF FEMALE 23c. If yes, outcome of pregnancy 1 ☐ Live birth 2 ☐ Fetal death 23d. Date of delivery 23b. Was decedent pregnant 3 Ectopic pregnancy in the past 12 months? 1 ☐ Yes 2 ♣No Month Day Year 4☐Pregnant at time of death 5 Other (specify) 9 Unknown Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? þ cete has been sign, page 2 should be 3 Probably 4 Unknown 1 Tyes 2™No Completed 24a. Was an autopsy performe certificete has 28 No 1 Yes After this certification funeral director, I 25. Was case referred to medical Be 26. Place of Death Check only one examiner Other: 2 1 Dopatient 2 ER/Outpatient 3 DOA 1 🗌 Yes 200 No 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? Certification: 27. Manner of Death 28b. Time of 28d. Describe how injury occurred or Attending 1 Natural 5 Pending 1 ☐ Yes 2 ☐ No death. efter death. investigation 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, State) filled in by 4 Homicide within 24 hours e To the Funeral C 29a. Certifier Certifying Physicien: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. Medical completely 2 Medical Exeminer: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) D 062253 10/2/2006 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) MARYLAND 21204-7582 7601 OSLER DRIVE TOWSON, BEAUVOIS M. D. 32. Registrar's Signature 31. Date filed (Month, Day, Year) OCT 0 4 2006 Registrar

			State of Maryland / Dep 1- State Amend item# 18, perFH, 6860, 10/17/06	artment of Health and M Prificate of Death	ental Hygiei Reg.	2006	31405
	-		Decedent's Name (First, Middle, Last)		2. Date of Death		3. Time of Death
	Physici		ERNEST, BOILEAU		SEP TEN BO		, 7:01 PM
3000	/Medio Examin		4a. Facility Name (If not institution, give street and number)	4b. City, Town, or Location of Death		4c. County of Deat	
			HARROR HOSPITAL	BALTIMORE			
	Funeral		5. Social Security Number 6. Sex 7. Age (In yrs. last birthday	) If Under 1 Year If Under 24 Hrs. Months Days Hours Min.	8. Date of Birth (Month, Day, Ye	ar) Co	hplace (State or Foreign
	Director		044-78 2110 53 113		July 30,	1953 Co	nnecticut
	and * -		Usual Residence of Decedent  10a. State 10b. County 10c. City, Town or L	ocation			10d. Inside City Limits
	Manyl f sho	ō	Maryland Prince George's College	o Dawle			1⊠Yes 2□No
	158 P	rect	Maryland Prince George's College  10e. Street and Number	e rark	10g.	Citizen of What Co	ountry?
	3a or	Funeral Director	5903 Bryn Mawr Road	20740		U.S.A.	
	death	era	11. Marital Status 12. Was Decedent Ever in U.S. 13.	Was Decedent of Hispanic Origin? (Spe	cify Yes or No-	14. Race - Ame	
9	or ite	Fu	Armed Forces?  1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 ☒ No	If Yes, specify Cuban, Mexican, Puerto F  1 ☐ Yes 2 ☒ No Specify:	Rican, etc.)	Black, White	e, etc.
21215-0036	be filed within 72 hours after death with the Maryland hat hygiene. In other then "naturel", or items 23s or 28s-f show event, I'm Medical Examinar must be recilled at	d by	3 ☐ Widowed 4 ☒ Divorced If Yes, Give Year or Dates:	1 ☐ Yes 2 ☑ No Specify:		Specify:	White
5	72 h "natu	Completed	(Specify only highest grade completed) (Given	edent's Usual Occupation e kind of work done during most of working	16b	. Kind of Business/	Industry
12	within and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the sta	mp	Elementary/Secondary (0-12) College (1-4or 5+)	DO NOT use retired)		Hof Comm	
22	filed v Hygie ther ont, in		17. Father's Name (First, Middle, Last)	Mechanic 18 Mother's Name	(First, Middle, Maid	Hof Serv	ice
Maryland	should be filed within and Mental Hygiene. marked other then mattic event, Ina M	Be c	Ernest R. Boileau		aret Mant		
2	should nd Men merke umatic	은		ing Address (Street and Number or Rura			Zip Code)
Σ	d 2 a si si si si si si si si si si si si si		Kimberly Boileau-Shuey Ex-Wife 590	03 Bryn Mawr Road,	College F	Park. MD	20740
ē,	es 1 an of Heal fitem 2 r other		20a. Method of Disposition 20b. Place of Disposition	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		. Location - City or	
Ë			Burial   2 K Cremation   3   Hemoval from State		/2006	Alexandri	la, Virginia
Baltimore,	교문문을 .		21. Sign sure of uneral Service License	22. Name and Address of Facility Ga	sch's Fur	neral Hom	e. P.A.
m	Depa Impo eny i		Inhuster I lay	4739 Baltimore Ave			
			23a. Partt. Enter the disease, or complications that used the death. Do not en shock, or heart failure. List only one cause of each line.	nter the mode of dying, such as cardiac of	r respiratory arrest,		Approximate Interval Between
	Pnysician	00 0	Immediate Cause (Final disease or condition	Pohalerzothy			Onset and Death
	/Medical		resulting in death)  a		via Institut		Samo
ı	Examiner		Sequentially list conditions, b. Description	Introduscular co	adan be	ny	3dau3
\$	ed isit	Juner	if any, leading to immediate Due to (or as a consequence of):  Cause, Disease or injury	atial Lucia	2 ,	_1 _1	2 5-110
) ,, .	xecul and	Examin	that initiated events resulting in death) Last C. Due to (or as a consequence of):	ara intord			200d2
92	icate be executed physicien and the burial-transit	aiE	Arut Daniel	Fallurg.			3days.
68760,	ificate g phy: as the	edicai	0	1.34303			
Вох	death certif e attending ed for use a	Physician/M	IF FEMALE: 23b. Was decedent pregnant 23c. If yes, outcome of pregnancy			23d. Date of deli	ivery
œ.	death e atte	icia	1 Type 2 DNo 4 Pregnant at time of death 5	□Ectopic pregnancy □ Other (specify)		Month	Day Year
P.O.	at the by th	hys	9 Unknown				
	The law requires that the death certific ate has been signed by the attending p page 2 should be detached for use as	Ď	Part II. Other significant conditions contributing to death but not resulting in the	underlying cause given in Part I.	111		the cause of death?
ord	equir sen si ould	ted	History of Cocarne 1 opiate a	60%	1 Tes	2 □ No 3 □ Pro	obably 4 hknown
Division of Vital Records,	a 25	Completed	3		24a. Was an autopsy	prior to d	topsy findings available completion of cause of
<u> </u>	The cate h	Co			performed 1 ☐ Yes 2 ☐	? death?	2□ No
Vita	ician: Sertific ector.	Be	25. Was case referred to medical examiner?	26. Place of Death	(Check only one)		
of	Physician: r this certifica ral director, i	. To	1 Tes 2 EN Outpatient 2 EN Outpatie		ne 5 Residence		cify)
n	ding h. After funer	lon	1 Natural 5 ☐ Pending (Month, Day Year) Injury	of 28c. Injury at 2 Work? M 1 ☐ Yes 2 ☐ No	8d. Describe how in	ijury occurred	
S	or Attending after death. Director: After in by the fune	lica	3 Suicide 6 Could not be 28e. Place of Injury - At home, farm, s		8f. Location (Street	and Number or Ru	ıral Route Number
<u>S</u>	after Dire	Certification:	4 Homicide determined building, etc. (Specify)		City or Town, St.		
	Hospital 24 hours a Funstel I		29a. Certifier 1 Certifying Physician: To the best of my knowledge, dea	th occurred at the time, date and place, a	nd due to the cause	s(s) and manner as	stated.
	To the Hospital or Attending Physician: The I within 24 hours after death.  To the Funsrel Director: After this certificate ha completely filled in by the funeral director, page	Medical	(Check only 2 Medical Examiner: On the basis of examination and/or in one) and manner stated.	nvestigation, in my opinion, death occurre	d at the time, date a	and place, and due	to the cause(s)
<b>\</b>	With To t	Σ	29b. Signature and tittle of certifier	29c. License number	29d. (	Date signed (Monti	h, Day, Year)
				KES Ø Ø Ø	SEP	TEMB29, 2	200
	4		30 Name and address of person who completed cause of death (Item 23a) (Type		À-		
					TIMORE	IMU 21	125
f	Sta Registr		20 0 1 2000 B	ranke			
	9		OCI 04 ZUUD   Alana				

	_			1 - For State Registrar		f Maryla				Health and Death	d Mental	Hygier	~ U	06	311	+06
		Physic		1. Decedent's Name (First, Middle, La Elizabeth G.		7			<del>.</del>		2. Date of Month		Day	Year	3. Time o	f Death
		/Medi Exami		4a. Facility Name (If not institution, giv	e street and nui	mber)	0			or Location of De			4c. County	of Death	11.13	(
		Funeral	r	5. Social Security Number 6.5		7. Age (In yrs	s. last birthday)		or 1 Year	If Under 24 H		of Birth		/A	lace (State)	or Foreign
-		Director	-	220-44-9030 Usual Residence of Decedent	□ M 2 💢 F	6		Months	Days	Hours Mi	in. June	17, 19	1946	Coun Mar	lace (State d stry) yland	or r oreign
E		ryland		10a. State 10b. County		10c. C	lity, Town or Lo	ocation						1	0d. Inside C	ity Limits
Z		vith the Marylar or 28e-f ehow	Funeral Director	Maryland Baltimo	re		St	ever								2 XNo
Beck		th with 23a or	al Dir	2110 Wiltonwood F	Road			107. 2	ip Code 21	153		10g. (	Citizen of V US	What Coun Δ	try?	
2		itema itema	uner	11. Marital Status	12. Was Dece Armed Fo	edent Ever in Urces? 2 X No	U.S. 13.	Was Deci	edent of H	lispanic Origin? an, Mexican, Pue	(Specify Yes o	r No-	14. Rac	e - Americ		
ま	Maryland 21215-0036	be filed within 72 hours after deeth with the Maryland lal Hyglene. d other than "natural", or Itema 23a or 28e-f ehow avent, tre Medical Evarrical must be notified at	by	1 Never Married 2 Married 3 Widowed 4 Divorced	If Yes, Giv Year or Di	/e		1□ Yes	2 No	Specify:			Specify	/: Whi	te	
Elizabett	215-	in 72 hours n "natural", Vedical Exe	Completed	15. Decedent's E (Specify only highest gra	de completed)		16a. Dece (Give life.	dent's Usi kind of w DO NOT i	ual Occup ork done i use retired	ation during most of w	vorking	16b.	Kind of Bi	usiness/Inc	lustry	·
	1212	filed with Hygiene other the		Elementary/Secondary (0-12)	College (1 5+	-4or 5+)		etar						Profi	t	
	land		To Be	17. Father's Name (First, Middle, Last) Robert M. Goldm						18. Mother's N	ame (First, Mid Abrams		ın Suman	10)		
	Aary	d 2 should th and Mer 7 is marks traumatic		19a. Informant's Name/Relationship (						and Number or F	Rural Route No	ımber, City			Code)	-
	re,	1 an Heell		John W. Beckley, 20a. Method of Disposition	Ex-Husb		16818 Place of Dispo cemetery, crer	Fal.	Is Ro	oad Uppe	erco, M			1155 City or To	wn State	· · · · · ·
	Baltimore,			1 ☐ Burial 2 ☑ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify		Jiulo				$\stackrel{\text{\tiny (a)}}{\text{\tiny (nc.)}} 10$	/02/06			•	Mary]	Land
	Bal	permit. Pag Department Important: I any Injury o		21. Signature of Funeral Service Lifer Thomas Gregor	isee		22	Name a	nd Addres	ss Society rick Roa	of Ma	rvlan	d. Ir	nc.		
				23a. Part1. Enter the disease, or com shock, or heart failure. List only	olications that ca	aused the dea ach line.	th. Do not ent	er the mo	de of dyin	g, such as cardi	ac or respirato	THOPE ry arrest,	, Mai		Approximate Interval Bet	e ween
		Physician /Medical		Immediate Cause (Final disease or condition resulting in death)	a. Due to (	cute	Mycch	Ardi)	Al	Inforce	ction				Onset and I	
		Examiner		Sequentially list conditions,	b. Hyp	OK A CONSE	as a	resu	lt o	+ Respi	ratny	fail	we		2 do	45
	15	uted d ansit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	Due 18 (	or as a consec	quence of):	to		•	(				7 1	ı
	8760,	cate be executed physicien and the burial-transit		resulting in death) Last	Due to (	or as a consec	quence of):	7							2 900	75
	687	tificate ng physi as the	fedica		d	Vorex	in ner	rvos	<u>د                                      </u>					/	o ye	etrs
	.O. Box	The law requires that the death certificate be executed te has been signed by the ettending physicien and bage 2 should be detached for use as the burial-transit	Physician/Medical	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 ☐ Yes 2 ☐ No 9 ☐ Unknown		nth 2 ∏ Feta antattime of o	aldeath 3 🗆	Ectopic p Other (s				-	23d. Date Mor	e of deliver	•	'ear
	ls, Р	w requires that the de been signed by the should be detached	ρ	Part II. Other significant conditions of	ontributing to de	ath but not res	sulting in the un	nderlying	ause give	en in Part I.			Δ.		cause of de	
	corc	s been s	ieted	Depression							24a. V				bly 4 □U	
		The law cate has to page 2 s	Completed								a	utopsy enformed?	P	rior to com	sy findings a pletion of ca	use of
	Vita	Physiclan: this certific	To Be	25. Was case referred to medical examiner? 1 ☐ Yes 2 No	Hospital:	enstiont 2	ER/Outpatient		Othe	26. Place of De						
	n of	ing Phy Viter thii uneral c		27. Manner of Death  12 Natural 5 ☐ Pending	28a. Date o		28b. Time of Injury		28c. Injury Work	4   Nursing	Home 5 R					
	/isio	Attand r death actor: A	Certification:	2 Accident investigation 3 Suicide 6 Could not be		of Injury - At he	ome, farm, stre	М	1 🗆 Y	res 2 □No	28f. Locatio	n (Street a	nd Numbu	er or Rumi	Pouta Numb	205
	ā	ital or oral Dire		4 - Homelde	buildin	g, etc. (Specif	y) 				City or	rown, Stat	Θ)			) <del>6</del> 1,
		To the Hospital or Attending Physicien: The within 24 hours attent death.  To the Funeral Director: After this certificate, completely filled in by the funeral director, pag	Medicai	29a. Certifier (Check only one)  1 Certifyin Phy 2 Medical Exam	sicien: To the liner: On the bas and mann	sis of examina	wledge death ition and/or inv	secured estigation	at the tim , in my op	e, data and plac inion, death occ	e, thid due to to turned at the tin	ne, date an	d place, a	nnar as sta nd due to t	teu. he cause(s)	
		To the To the comp	Ň	29b. Signature and title of certifier	11	1		290	. License	number		29d. Da	ite signed	(Month, D	ay, Year)	
		de	1	30. Name and address of person who c	ompleted cause	of death (Item	M/) n 23a) (Type, F	Print)	142	438		2.5	10 T	24,	200	رے
		\		Christopher	Faugh	C, M	0 3	inch	Hos	pital	of Bo	ltim	une			12
	4	Star Registra		31. Date filed (Month Per Year) 200	6	gistrar's Signa	LUTE STATE OF	esh s								

State of Maryland / Department of Health and Mental Hygien [] [] 5 1 - For State Registra Certificate of Death 3. Time of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Month Day 11:12 LM **Physician** 72006 BULLOWS comes /Medical 4c. County of Death City, Town, or Location of Death 4a. Facility Name (If not institution, give street and number) Baltiwate Examiner N/A Center. edscul 7. Age (In yrs. last birthday) If Under 1 Year | If Under 24 Hrs. 8. Date of Birth (Month, Day, June 05 9. Birthplace (State or Foreign 5. Social Security Number **Funeral** ^Y949 Hours 1**X** M 2□ F Months Days Pennsylvania 157-38-2176 Director Usual Residence of Decedent with the Maryland 10c. City, Town or Location 10d. Inside City Limits 10h County 10a. State 28a-f show other traumatic event, the Medical Examiner must be multiled at Pasadena Maryland | Anne Arundel Co. 1 ☐ Yes 21 No Director 10g. Citizen of What Country? 10e. Street and Number 10f. Zip Code 9 U.S.A. 21122 3510 Old Crown Drive or items 23a by Funeral Was Decedent of Hispanic Origin? (Specify Yes or Nolf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 12. Was Decedent Ever in U.S. Armed Forces? permit. Pages 1 and 2 should be filed within 72 hours after c Department of Health and Mental Hygiene. Important: If Itam 27 Is marked other than "natural, or item any injury or other traumatic event, the Medical Example 1 Yes 2 □ No If Yes, Give Year or Dates: 1 Never Married 2 Married Baltimore, Maryland 21215-0036 1 ☐ Yes 2 X No Specify: Specify: White 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry College (1-4or 5+) Elementary/Secondary (0-12) Construction Contractor Self Employed 12 18. Mother's Name (First, Middle, Maiden Sumame) 17. Father's Name (First, Middle, Last) Be Ε. Taylor Burrows Ε. James ျှ 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3510 Old Crown Drive, Pasadens, Md. 21122 19a. Informant's Name/Relationship (Type, Print) (Wife) Corine M. Burrows 20b. Place of Disposition (Name of cemetery, crematory or other place) Date 20c. Location - City or Town, State 20a. Method of Disposition 1 X Burial 2 ☐ Cremation 3 ☐ Removal from State
4 ☐ Donation 5 ☐ Other (Specify) 10/02/2006 Stroudsburg, Pennsylvani Laurelwood Cemetery 22. Name and Address of Facility
McCully-Polyniak Funeral Home P.A. 21. Signature of Funeral Service Licenset 3204 Mountain Road, Pasadena, Md. 21122 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) ncephalopathy Physician /Medical Due to (or as a consequence of): Examiner Nouth Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Directo for as a consequent Examiner the attending physician and hed for use as the burial-transit requires that the death certificate be executed Due to (or as a consequence of) P.O. Box 68760 Physician/Medical IF FEMALE: 23c. If yes, outcome of pregnancy
1 Live birth 2 Fetal death 23d. Date of delivery 23b. Was decedent pregnant 3 Ectopic pregnancy Month Day in the past 12 menths? 1 ☐ Yes 2 ☑ No detached for 4☐ Pregnant at time of death 5 Other (specify) 9 Unknown 23e. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Division of Vital Records. þ director, page 2 should be 1 Yes 2 No 3 Probably 4 Unknown Completed 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an certificate has autopsy performed 1 ☐ Yes 1 Yes 2 Hospital or Attanding Physician: Be 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Other: 4 Nursing Home Hospital: P 1 ☐ Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA 5 Residence 6 ☐Other (Specify) this Date of Injury (Month, Day 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 27. Manner of Death Certification; 5 Pending investigation Natural 1 ☐ Yes 2 ☐ No 2 Accident Diractor: 6 Could not be 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) determined 4 Homicide 24 hours a Certifying Physicien: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Medicel Exeminer: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical To tha within 2 To tha 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifier 17-10766 who completed cause of death (Item 23a) (Type, Print) 30. Name and address of pe Greene Stred Bultomor ski 10 32. Registrar's Signature 31. Date filed (Month, Day, Year) State 04 Registrár

DHMH 17 Rev 1/2001

State of Maryland / Department of Health and Mental Hygiene 1 - State Registrar Certificate of Death 1. Decedent's Name (First, Middle, Last) 2 Date of Death **Physician** Harold O. Bawgus OCT /Medical 4a. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner Gilchrist Hospice Center Towson Baltimore 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** 1 ₹ M 2 □ F 219-32-6742 70 Yrs. Director Tennessee Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits r then "naturel", or items 23a or 28a-f ehov the Medical Examinar must be notified at Berkelev Director 1 ☐ Yes 2 🗓 No Hedgesville 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 161 Schoolhouse Drive 25427 USA Funeral 12. Was Decedent Ever in U.S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give [∆] Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indian, Black, White, etc. Pages 1 and 2 should be filed within 72 hours after 1 Never Married 2 Married Baltimore, Maryland 21215-0036 1 ☐ Yes 2 No Specify: Specify: White Completed by 3 Widowed 4 Divorced 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Mechanic ulth and Mental Hygie 27 le marked other t rtaumatic event, III. Diesel 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Charlie Bawgus Roxie Murray 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Janice R. Bawgus - wife 161 Schoolhouse Drive Hedgesville, WV 25427 item 2 20b. Place of Disposition (Name of Date 20a. Method of Disposition 20c. Location - City or Town, State Department of h Important: If ite eny injury or of once. Crestlawn Memorial Gardens 10/5/06 1 XBurial 2 ☐ Cremation 3 ☐ Removal from State Marriottsville, MD 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature Funeral Service Licensee C Haight Funeral Home & Chapel P.O. Box 195 Sykesville, MD 21784 (410-795-1400) onsoci male 23a. Part1. Enter the disease, or complications that caused the death. Do not enter shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death the mode of dying, such as cardiac or respiratory arrest, Immediate Cause (Final disease or condition resulting in death) **Physician** nenth /Medical Due to (or as a consequence of) Examiner Sequentially list conditions, if any, reading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events Due to (or as a consequence of) burial-transit that the death certificate be executer resulting in death) Last Due to (or as a consequence of) Division of Vital Records, P.O. Box 68760 ate has been signed by the attending physician page 2 should be detached for use as the burial Physician/Medical IF FEMALE. 23c. If yes, outcome of pregnancy 23d. Date of delivery 23b. Was decedent pregnant Live birth 2 Fetal death in the past 12 months? 3 Ectopic pregnancy Month Day Year 4 Pregnant at time of death 5 Other (specify) 9 Unknown 9 Unknown Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? δ 2 No 3 Probably 4 Unknown Completed 24a. Was an 24b. Were autopsy findings available prior to completion of cause of death? performed? /es 2 No 1 ☐ Yes 2 ☐ No 1 Yes : After this certification funeral director, 25. Was case referred to medical Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To 1 Inpatient 2 ER/Outpatient 3 DOA 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28d. Describe how injury occurred 1 Natural 5 Pending investigation within 24 hours after death.

To the Funeral Director; All completely filled in by the fu 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 - Homicide ō o the Hospital 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical (Check only one) 29b. Signature and title of certifier 29c. License number 1)25205 30. Name and address of person who completed cause of death (Vem 23a) (Type, Print) N. Charles St. Balto. Md 2:208 Bund 6701 31. Date filed (Month, Day, Year) 82. Registrar's Signature State Brece. Registrar

State of Maryland / Department of Health and Mental Hygien  2  0 0 6 31409 For State Registrar Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Marie Agnes Buchter 2006 /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Baltimore KOSEGUL If Under 1 Year | If Under 24 Hrs. quare Hospital ranklin 5. Social Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Yea Sept 25, ] 9. Birthplace (State or Foreign **Funeral** Hours Months Days Min. 213-01-0223 1 ☐ M 2 🔁 F 99 Sept Yrs. 1907 Washington, D.C. Director Usual Residence of Decedent 10c. City, Town or Location 10a. State 10b. County 10d. Inside City Limits if item 27 is marked other then "natural", or items 23a or 28a-f show or other traumatic event, the Modical Examinar must be notified at 1 Tyes 2 No MD Baltimore Funeral Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 3800 Meghan Drive, Unit B 21236 U.S.A. 12. Was Decedent Ever in U.S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, 11. Marital Status Black, White, etc. 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 1 Never Married 2 Married 1 ☐ Yes 2 🛣 No Specify: Completed by Specify: White 3 Widowed 4 □ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry lementary/Secondary (0-12) College (1-4or 5+) 8th grade permit. Pages 1 and 2 should be filed win Department of Health and Mental Hyglen. Important: if item 27 is marked other the eny injury or other traumatic event, the 2006. Assembly Manufacturing 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be John Kastner Marie Schuler 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Cornelia S. Cox 3800 Meghan Drive, Unit B 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 □ Cremation 3 □ Removal from State Oak Lawn Sept 29, 2006 Baltimore, MD 4 ☐ Donation 5 ☐ Other (Specify) 21. Signa ure of Fineral Service Licensee 22. Name and Address of Facility Charles S Zeiler & Son, Inc. 6224 Eastern Avenue, Baltimore, MD 2 a. P.nt. Effer the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, of he in failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) **Physician** /Medical Due to (or as a consequence of): Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in death) Last Due to (or as a consequence of): Examiner Hospital or Attending Physician: The law requires that the death certificate be executed attending physician and Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760. Completed by Physician/Medical IF FEMALE: 23c. If yes, outcome of pregnancy 1 ☐ Live birth 2 ☐ Fetal death 23d. Date of delivery 23b. Was decedent pregnant 3 DEctopic pregnancy in the past 12 months? Month Day Year 4☐Pregnant at time of death 5 Other (specify) 9 Unknown 9 Unknown Part II. Dther significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? 1 🗆 Yes 2 MNO 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause of death?
1 ☐ Yes 2 ☑ No 24a. Was an autopsy performed!! Yes 22 No certificete 1 ☐ Yes To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director. 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No ٩ 1 Inpatient 2 ER/Outpatient 3 DOA 27. Manner of Death 1 ☑Natural 28c. Injury at Work? Certification: 28b. Time of 28d. Describe how injury occurred 5 Pending investigation 1 Tyes 2 No 2 Accident 6 Could not be determined 3 🗌 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a, Certifier Medical 29b. Signature and title of certifier 29d. Date signed (Month, Day, Year) HER-MDSCM 30. Name and address of person who completed cause of death (Item 23a) Type, Print) 31. Date filed (Month, Day, Year) 32. Registrar's Signature State 04 2006 Registrar

State of Maryland / Department of Health and Mental Hygiens 1 - For State Registrar Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death SEPT.30,2006 **Physician** Year BERMAN BLANCHE 4:30 A /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner RUXTON PIKESVILLE NURSING HOME PIKESVILLE BALTIMORE If Under 1 Year If Under 24 Hrs. 8. Date of Birth Months Days Hours Min. 08/08/24/31/917 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1 ☐ M 217 F 89 MD 219-32-1885 Director Yrs Usual Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: If itam 27 is marked other than "natural", or itams 23a or 28a-f show any injury or other traumatic avant, the W-dical Examiner must be presented. 10a State 10b County 10c. City, Town or Location 10d. Inside City Limits Director MD BALTIMORE OWINGS MILLS 1 ☐ Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 8-B REGALIA COURT 21117 USA Funeral 12. Was Decedent Ever in U.S. Armed Forces? 1 ☐ Yes 2 M No If Yes, Give Year or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, 11. Marital Status Black White etc. 1 Never Married 2 Married Baltimore, Maryland 21215-0036 WHITE 1 ☐ Yes 2 X No Specify: þ Specify 3 X Widowed 4 □ Divorced Completed 15. Decedent's Education 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) MANAGER CITY OF BALTIMORE 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be MORRIS KING FANNIE COLODNY ျှ 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 11 POMONA SOUTH #7 - BALTIMORE, MD 21208 ANN KLEIN / SISTER 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 20a. Method of Disposition Date 1 X Burial 2 ☐ Cremation 3 ☐ Removal from State SHAAREI ZION CEMETERY 10/1/2006 ROSEDALE, MD * 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility SOL LEVINSON & BROS., INC. 21. Signature of Funeral Service Licensee 8900 REISTERSTOWN ROAD - PIKESVILLE, MD 21208 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final **Physician** Breast disease or condition resulting in death) Lancer MonThs /Medical Due to (or as a consequence of): Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury Due to (or as a consequence of): Examiner requires that the death certificate be executed use as the burial-transit that initiated events resulting in death) Last Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760. attending physician Physician/Medical IF FEMALE: 23c. If yes, outcome of pregnancy 1 ☐ Live birth 2 ☐ Fetal dea 23d. Date of delivery 23b. Was decedent pregnant 2 Fetal death 3 Ectopic pregnancy jo in the past 12 months? 1 ☐ Yes 2 ☑ No Year Month Day 4 Pregnant at time of death 5 Other (specify) ed by the a detached f 9 Unknown 9 Unknown Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? þ page 2 should be 1 Yes 2 No 3 Probably 4 Nown Completed 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? certificate 1 ☐ Yes 2 No 2 No tha Hospital or Attanding Physician: director. Be 25. Was case referred to medical examiner? 26. Place of Death Check onl one Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 No Certification: To 1 Inpatient 2 ER/Outpatient 3 DOA this funeral 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred After 1 Natural 5 Pending after death. 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 4 Homicide within 24 hours at To the Funaral D 29a. Certifier Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. Medical completely 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one) 29b. Signatur@and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) Josep Black MID D0061199 Sept. 30, 2006 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 6565 North Charles ST, Suite 209, Towson MD 21204 Black MD 31. Date filed (Month, Day, Year) 32/Registrar's Signature State B. Cus Registrar OCT 0 4 2006

			1 - For State Registrar	State of	Marylar	nd / Depa	artment of H	ealth a		giene Reg. No.	006	3141
	Physici	an	Decedent's Name (First, Middle	, Last)					2. Date of De Month	ath Day	Year	3. Time of Death
	/Medic	al	Angus			1ey			SEPTEMB		2006	6:30 A M
	Examin	er	4a. Facility Name (If not institution	-	nber)		4b. City, Town, or		of Death	11.	nty of Death	
	Francis		Suburban Hospi  5. Social Security Number		7. Age (In yrs.	last birthday)	Betheso	Ia If Under	24 Hrs. 8. Date of Bir		tgome:	
н	Funeral Director		250-46-0643	1 <b>X</b> ]M 2□F	80	Yrs.	Months Days	Hours	24 Hrs. 8. Date of Bir Min. (Month, Da April 1	iy, Year) - 1926	Cou	place (State or Foreign ntry)
	힏 _		Usual Residence of Decedent									
	anylar ehow	-	10a. State 10b. County	1		ty, Town or Lo						10d. Inside City Limits 1
	he M	ecto	DC //	A	Was	shingto				10- 01:		
	with the or	흐		- A NE			10f. Zip Code			10g. Citizen	or what Cou	mtry :
	ns 23	era	#5 Gerand Stre	12. Was Dece	dent Ever in U	.S.   13.	20002 Was Decedent of Hi	spanic Ori	igin? (Specify Yes or No n, Puerto Rican, etc.)	USA 14. F	Race - Ameri	can Indian,
9	after or Item	by Funeral Director	1 ☑ Never Married 2 ☐ Marr	Armed For	2 No						Black, White	_
99	within 72 hours after death with the Maryland ene. Than "natural", or Items 23a or 28s-f show he M. dical Examiner must be notified a	d by	3 ☐ Widowed 4 ☐ Divorced	If Yes, Giv Year or Da	e ites:		1 ☐ Yes 2 █ No	Ѕреспу:		Spe	city: Bla	ack
2	natu	Completed	15. Decedent (Specify only highes			16a. Dece	dent's Usual Occupa kind of work done of DO NOT use retired	ation <i>Juring</i> mos	t of working	16b. Kind of	f Business/Ir	ndustry
7	withir	dm	Elementary/Secondary (0-12)	College (1	-4or 5+)		orter	,		AMTR	ΛV	
0 0	filed Hygi Sther	ပ္	17. Father's Name (First, Middle,	Last)		10	) L L E L	18. Mothe	er's Name (First, Middle			
au	id be ental ked c	To Be	Joe Corley					An	nie Kitchen	ıs		
Maryland 21215-0036	and N e man		19a. Informant's Name/Relations	nip (Type, Print)		19b. Mailir	ng Address (Street a	and Numbe	er or Rural Route Numb	er, City or Tox	wn, State, Zi	p Code)
Σ	and 2 Balth n 27 i		Fabian Corley	- Brother				St.,	NE, Aiken,	SC 29	801	
Baltimore,	of He		20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation	3 □Removal from 5	20b. F	Place of Dispo	sition (Name of natory or other place	9)	Date	20c. Location	on - City or T	own, State
Ē	. Pag tment tant:		4 □Donation 5 □ Other (S)	pecify)	£#	and the second second second	patory or other place L Baptist emetery		0/28/06	Aiken,		
Ba	permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylan Department of Health and Merital Hygiene. In the masted other than "natural", or Items 28a or 28a-1 show any njury or other traumatic event, the Madical Examiner must be notified at once.	8 1	21. Signature of Funeral Service	Licensee L. Ul-	De		Name and Addres 26 Fairfi		ty Jackson- Street S.E.			29802
			23a. Part1. Enter the disease, or shock, or heart failure. List	complications hat con only one cause on e	aused the deat ach line.	h. Do not ent	er the mode of dying	g, such as	cardiac or respiratory a	rrest,		Approximate Interval Between
T	Pnysician		Immediate Cause (Final disease or condition resulting in death)	_a ANO	XIC 6	NCE	PHALOPA	HTH	1		9	Onset and Death
	/Medical Examiner		resulting in dealing	2000	or as a consec	100						lanial
	ţ	ē	Sequentially list conditions, if any, leading to immediate	b. BILA	or as a conseq	uence ot):	IKAIIN	PINE	AINOMIL	-		Manine —
W	d d ansit	Examiner	cause. Enter Underlying Cause (Disease or injury that initiated events	. CVA	•						c	nboun
,092	ate be executed hysician and the burial-transit		resulting in death) Last		or as a conseq	uence of):						
	cate by physic the bu	dicai		d HYP	'ERTE	1012 W	7				(	Supand
	res thet the death certifica igned by the attending ph be detached for use as th	Physician/Med	IF FEMALE: 23b. Was decedent pregnant in the past 12 months?	23c. If yes, outo	come of pregnanth 2 Feta		Ectopic pregnancy				Date of deliv	ery Day Year
P.O. Box	it the dea by the a tached f	hysic	1 ☐ Yes 2 ☐ No 9 ☐ Unknown	4□Pregna 9□Unkno	ant at time of d	leath 5□	Other (specify)				INC. TIT	Day 1 Gail
s,	es the igned be de	by P	Part II. Other significant condition	ns contributing to de	ath but not res	ulting in the u	nderlying cause give	n in Part I				the cause of death?
ord	w requir been si should I					·			1	Yes 2□No	3 □ Pro	bably 4 Unknown
	The la	Completed			· · · · · · · · · · · · · · · · · · ·				24a. Was auto perfo	osy ormed?	b. Were auto prior to co death? 1 \( \sum \text{Yes}	opsy findings available ompletion of cause of
/ita	iician: Th certificete rector, pag	Be	25. Was case referred to medical examiner?	Ussainst			l au		of Death   Check only			
0	Physic this cal dir	- T	1 ☐ Yes 2 X No  27. Manner of Death	Hospital: 1 XIII		ER/Outpatier			ursing Home 5 ☐ Resi			(y)
0	ding Ph h. After th funeral	tion	1 Natural 5 ☐ Pendin	g (Monti	h, Day Year)	Injury	Work	at ? /es 2 □	28d. Describe	now injury occ	currea	
<u>ISI</u>	deal ctor	fica	3 ☐ Suicide 6 ☐ Could r	not be 28e. Place	of Injury - At h	ome, farm, str	eet, factory, office			Street and Nu	mber or Rur	al Route Number,
á	el or A s after il Dire	Certification:	4  Homicide determ	buildir	ig, etc. (Specil	(y)	,,,,		City or To			
	To the Hospitel or within 24 hours afte To the Funeral Dir. completely filled in I	edicai (	29a. Certifier 1 Certifyin (Check only one)	g Physician: To the Examiner: On the ba and mann	isis of examina	owledge, deati	n occurred at the tim vestigation, in my op	e, date an pinion, dea	id place, and due to the th occurred at the time,	cause(s) and date and plac	manner as se, and due t	stated. o the cause(s)
	To the within 2 To the complet	¥	29b. Signature and title of certifier		~		29c. License	number		29d. Date sig	,	
•			MORE DO	Mex	M	)	8000	999	8	epdonb	v 23	2006
	10		30. Name and address of person	TOWN BOAD	, BET	HSDA	" WD 5	0814				
	Sta Registr		31. Date filed (Month, Day, Year)  OCT 0 4	2006	egistrar's Signa	ture	all					

DHMH 17 Rev 1/2001

CORLEY, ANGUS 23 SEPTZOOD DESDAM

		•	For State Registrer	Please 1			nd / Dep		t of H	i <b>Ensure A</b> Health and I Death	•		200	_	1412
	*			e (First, Middle, Last)							2. Date of D	eath			e of Death
	Physicia		Elizab	eth C.	Conn						Septer	nber	28,200	6 6:	35 A ^M
5	/Medic Examin		4a. Facility Name (i	If not institution, give s	treet and number	r)		4b. City,	Town, or	r Location of Death	1	4c.	County of De	ath	
			Stella N	Maris Nurs	ing Home			Tim	oniu	um		В	altimo		
	Funeral		5. Social Security N	1 -	7. A		last birthday	) If Under Months		If Under 24 Hrs. Hours Min.	(Month, D	ay, Year)	9. B	inthplace (Sta Country)	te or Foreign
	Director		164-16-1	/830	101 2231	86	Yrs.				Nov.3	,1919		PA	
	and w		Usual Residence of 10a. State	10b. County		10c. Ci	ty, Town or L	ocation						10d. Insid	e City Limits
M	72 hours after deeth with the Maryland natural', or Iteme 23a or 28a-f ehow Jigal Exantine must be coulled at	ō	MD	Baltimor	0	1	ikesv	1110						1次了	Yes 2 □ No
A	28a	Funeral Director	10e. Street and Nu		E	1	IKESV.	10f. Zip	Code			10g. Cit	izen of What (	Country?	
35	3a or	i	45 Hemi	son Court				21	1208			US	: Δ		
9	deeth	Jera	11. Marital Status		12. Was Deceden	t Ever in U	J.S. 13			lispanic Origin? (S an, Mexican, Puert	pecify Yes or N		14. Race - An		٦,
9	after or Ite	Ē	1 Never Marr	ied 2 Married	Armed Forces	No		1 Yes		specify:	o Rican, etc.)		Black, Wh Specify: W		
93	raf',	d by	3 🖾 Widowed	4 Divorced	If Yes, Give Year or Dates	i:		1 165	263 140	эреспу.			Specify: W	IIILE	
2006 <b>21215-0036</b>	n 72 hours atter deeth with the Marylan "natural", or Iteme 23e or 28a-f ehow addal Examiner must be notified at	Completed	(Spec	15. Decedent's Educatify only highest grade			(Giv	edent's Usua e kind of wo	rk done	during most of wor	king	16b. K	ind of Busines	s/Industry	
2006 21215	within ene. then	id III	Elementary/Seco	ondary (0-12)	College (1-4o	r 5+)		DO NOT us		d)			wn Hom		
	lled v tygie ther t		17 Father's Name	(First, Middle, Last)			по	memake	31	18. Mother's Nan	ne (First Middl			ie .	
28, and	ntal Hed of	Be									Villiam		Cumamer		
Z Z	hould d Me mark matic	ဥ	Joseph	ame/Relationship (Ty)	ne Printl		19h Mai	ling Address	(Street	and Number or Ru	·		r Town State	Zin Code)	
BE.	d 2 s th an treu			oisclair/D				•		urt, Pik			21208		
SEPTEMBER 28, altimore, Maryland	pernit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: If item 27 is marked other then any injury or other treumatic event. If a Mean once.		20a. Method of Dis			20b.	Place of Disp	osition (Nan	ne of	1	Date	-	ocation - City	or Town, Stat	9
no no	ages ant of st: If i			☐ Cremation 3 ☐ R 5 ☐ Other (Specify)	emoval from Stat	e Ne	cometery, cri Wetery	Mary'	S	- F	02-06	Re1	lmawr,	N.T	
S	ortar njur			uneral Service License	A	- 1				ss of Facility G					
ä	Department of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of		Stu	m. 9. 11	loods	LOV	1 ]	26 So	uth	Blackhor	se Pike	, Ru	nnemed	e, NJ	08078
3.20			shock, or hea	the disease, or compli art failure. List only or	cations that cause ne cause on each	ed the dea	th. Do not e		٠,	ng, such as cardiad	or respiratory	arrest,			mate Between and Death
	Physician		Immediate Cause disease or condition resulting in death)	on no		nror		Ker	10/	Fai	ure			W.e.	elcc
_	/Medical Examiner				Due to (or a	as a consec	quence of):	10	1.	1		_		48.14	
- 1		e	Sequentially list co	onditions,	Due to (or a	as a conse	uence of):	101	dn	ey D	21192	<u>e</u>		4 40	11.5
0	uted I Insit		Sequentially list co if any, leading to in cause. Enter Unde Cause (Disease or	erlying injury		-	,			J					
MX.	e be executed rsicien and e burial-transit	Examin	that initiated event resulting in death)	<b>3</b> C	Due to (or a	as a consec	quence of):								
992	e be /sicie e bur	cai		L.	l										
89	eath certificate ettending phys I for use as the	Physician/Medi													
Вох	th cer endir r use	Z/N	IF FEMALE: 23b. Was deceder	n pregnant	3c. If yes, outcom			□Ectopic pr	egnancy	v			23d. Date of c	,	
	0 0 0	sicie	in the past 12	ØNo	4□Pregnant 9□Unknown	at time of		Other (sp		<b>,</b>			Month	Day	Year
P.O.	that the de led by the e detached f	Phy	9 Unknown												
	Se 75 60	ρ	Part II. Other signi	ficant conditions cor	tributing to death	but not res	sulting in the	underlying c	ause giv	en in Paπ I.		Yes 2	use contribute	Probably 4	
or o	w require been si should t	Completed										1103 2	2110 3	1 TODADIY	
CONN Pec	aw is t	n je									24a. Wa aut	opsy	prior t	o completion	ngs available of cause of
8 =	: The cete ha	S										formed? 25kNo	death 1 🗆 Y	es 2D No	
TH Vite	Physician: The law this certificete has t ral director, page 2 s	Be	25. Was case refe examiner?		lospital:				Oth	26. Place of Dea	- 3				
IBE of	Phys this al dir	٦.	1 ☐ Yes 255 27. Manner of Dea	F140	1 ☐ Inpa 28a. Date of tr		ER/Outpation 28b. Time		- 4	40 Nursing r	lome 5 Re			pecify)	
ELIZABETH ision of Vit	nding lath. r: After e funer	io	1 Natural	5 Pending investigation	(Month, E	Day Year)	Injury	M	8c. Injur Wor	rk? Yes 2∐No	200. Describe	a now injui	ly occurred		
ELIZABETH CONN Division of Vital Records,	Attender death	lica	2 Accident 3 Suicide	6 Could not be	28e. Place of I	lniury - At h	nome, farm, s			103 2 110	28f. Location	(Street ar	nd Number or	Rural Route	Number.
οiv	after after Direct	Certification:	4 Homicide	determined	building,	etc. (Speci	ify)		y, ooc		City or T	own, State	)		,
	To the Hospital or Attending Physician: The I within 24 hours after death. To the Funeral Director: After this certificate ha completely filled in by the funeral director, page	ledicai C	29a. Certifier (Check only one)	1 Certifying Phys 2 Medical Exemi	sicien: To the best ner: On the basis and manner	of examin	owledge, dea ation and/or	ath occurred investigation	at the tire, in my o	me, date and place opinion, death occu	e, and due to the	e cause(s e, date and	and manner d place, and d	as stated. ue to the cau	se(s)
	To the within 2 To the comple	Me	29b. Signature and	title of certifier	10	11		290	c. Licens	se number		29d. Da	te signed (Mo	nth, Day, Yes	ar)
			产	mesting	Wh	g Vit			D	5270	40	26	ptem	ser Z	8m 2006
	75			ress of person who co									4		
	,			STINE WRIG		strar's Sign		DULANE	EY V	ALLEY RO	AD $T$	IMONI	UM MD	2109	3
	Sta Registr		31. Date filed (Moi	OCT 0 4 21	006	eletel	1	Frank.	1						

Please Type or Print in Black Indelible Ink. Ensure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygien 31413 Certificate of Death 2. Date of Death 1. Decedent's Name (First, Middle, Last) 3. Time of Death **Physician** October 1, 2006 Cecelia Chesley 02:36 Agnes /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Clinton Southern Maryland Hospital Prince George's | If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Day Year) | Aug - 23,1933 9. Birthplace (State or Foreign 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** 1 ☐ M 2 ☐ ▼F 579-50-9992 73 Maryland Yrs. Director Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits or 28a-f ehow the Medical Examiner Dust be notified at tv∑Yes 2 ☐ No Completed by Funeral Director DC Washington DC 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 2608 32nd Street SE 20020 U.S.A. 238 filed within 72 hours after death 12. Was Decedent Ever in U.S. Armed Forces? 14. Race - American Indian. Black, White, etc. 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status 1 ☐ Yes 2 MNo If Yes, Give Year or Dates: 1 Never Married 2 Married ō 1 ☐ Yes 2 No Specify: Specify: Black 3 X Widowed 4 □ Divorced "naturel". 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 12th Cafeteria Worker D.C. Public Schools other 18. Mother's Name (First, Middle, Maiden Sumame) permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: if Item 27 is marked oth any july or other traumatic event spage. 17. Father's Name (First, Middle, Last) Be Francis C. Carter Mary C. Green 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Ellen Chesley (Daughter) 9716 Jewel Wood Ct. Clinton, Maryland 20735 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State Oct. Date 20a. Method of Disposition 1 X Burial 2 ☐ Cremation 3 ☐ Removal from State Resurrection Cemetery Clinton, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 2006 22. Name and Address of Facility Lee Funeral Home, Inc. 21. Signature of Funeral Service Licenses hierta 6633 Old Alexandria Ferry Road Clinton, MD 20735 mo1284 Approximate Interval Between Onset and Death 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Immediate Cause (Final disease or condition resulting in death) **Physician** STROKE /Medical Due to (or as a consequence of) Examiner INFARCTION MYOCARDIAL Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of) Examiner or Attending Physician: The law requires that the death certificate be executed MPERTENCION Due to (or as a consequence of): NEUMONIA Physiclan/Medical IF FEMALE 23c. If yes, outcome of pregnancy
1 ☐ Live birth 2 ☐ Fetal death 23d. Date of delivery 23b. Was decedent pregnant 3 Ectopic pregnancy in the past 12 months?
1 Yes 2 X No Month Day Year 4☐Pregnant at time of death 5 Other (specify) 9 Unknown 9 Unknown Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? Completed by 1 Yes 2 No 3 Probably 4 Winknown 24b. Were autopsy findings available prior to completion of cause of death? autopsy performed? 1 ☐ Yes 2 No 1 Tes 2 2 No Be 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) ဥ 1 ☐ Yes 2 No 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA After this 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Certification: 1 Natural 2 Accident 5 Pending within 24 hours after death.

To the Funeral Director: A completely filled in by the fu 1 Yes 2 No investigation 6 ☐ Could not be 3 ☐ Suicide Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide the Hospital 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical 29b. Signature and title of certifier 29c. License number 29d, Date signed (Month, Day, Year)

10

Baltimore, Maryland 21215-0036

Division of Vital Records, P.O. Box 68760,

State Registrar 31. Date filed (Month, Day, Year) OCT 0 4 2006

051A

maleur soul

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)



OXON HILL MO

06-07272 Lateef Chase

Please Type or Print in Black Indelible Ink
State of Maryland / Department of Health and Mental Hygiene

	1- For State Registrar	Certifica	te of Death		eg. No. 2006 314	1
Physician Medical Examine	LATEEF JAMES (				Day Year 1025 hrs	
	4a. Facility Name (if not institution, give s Shock Trauma		4b. City, Town, or Location Baltimore		4c. County of Death N/A	
Funeral Director		7. Age (In yrs. last birtho	day) If Under 1 Year If Un Months Days Hou		7 / 1 9 8 1 Foreign MARYLA.	ND
any	Usual Residence of Decedent  10a. State 10b. County	10c. City, Town or	Location		10d. Inside City L	imits
vlaryland 28a-f show any <u>d at once.</u>	MD N/A	BA	ALTIMORE CITY	7	1 X Yes 2	No
th the Maryland  23a or 28a-f sho  notified at once.		VENUE	10f. Zip Code 212		0g. Citizen of What Country?	
er death wi	1 Never Married 2 Married	2. Was Decedent Ever in U.S.  Armed Forces?  1 Yes 2 X No  Yes, Give Year  Poales:	<ul><li>13. Was Decedent of Hispanic O If Yes, specify Cuban, Mexica</li><li>1 Yes 2 X No specif.</li></ul>	an, Puerto Rican, etc.)	14. Race - American Indian, Black, White, etc.  BLACK  Specify:	
5-0036 ed within 72 hours lygiene. other than "natur he Medical Exami	15. Decedent's Education (Specify only  Elementary/Secondary (0-12)  1 2 T H		ecedent's Usual Occupation (Giv ring most of working life. DO NO COOK		16b. Kind of Business/Industry  FOOD SERVICE	
d withi	17. Father's Name (First, Middle, Last)			er's Name (First, Middle, I		
21215-0036 Uld be filed within 7 Mental Hygiene. marked other than c event, the Medica	JAMES CHASE		SH	IARON TUNE		
두 말씀 ㅌ 동	19a. Informant's Name/Relationship (Type GWENDOLYN PAGE/	GRANDMOTHER	Mailing Address (Street and No. 100 BOLTON S. Disposition (Name of cemetery)	umber or Rural Route Nur  T., APT.	nber, City or Town, State. Zip Code 20 312, BALTO, MD	l 
Baltimore, MD 2121 permit Pages I and 2 should be fi Department of Health and Mental Important: If liter 2; is marked injury or other traumatic event,	1 X Burial 2 Cremation 3 4 Donation 5 Other Specify	Removal from State KING	y or other place)  MEM. PARK	10/3/06	WINDSOR MILL,	MD_
1100	21. Signature of Funeral Service License	X. Nows_	22. Name and Address of Facil 4600 LIBERT	HOWELL I	FUNERAL HOME 2120 AV, BALTIMORE, N	MD
Physician /Medical xaminer	Imposiate Cause (Final disease a. M	ultiple Gunshot Wounds	enter the mode of dying, such as	cardiac or respiratory arr	est, shock, or heart Approximate Inte Between Onset Death	
4	or condition resulting in death)  Du  Sequentially list conditions,  b.	e to (or as a consequence of):				
insit Evaminer	if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated	e to (or as a consequence of):				
		e to (or as a consequence of):				
	UNPENDED	AMENDED				
Division of Vital Records, P.O. Box 68760, To the Hospital or Attending Physician: The law requires that the death certificate be within 24 hours after death. To the Funeral Director. After this certificate has been signed by the attending physici completely filled in by the funeral director, page 2 should be detached for use as the buring official Control of the Commission by the Machinian Model.	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 Yes 2 No 9 Unknown	23c. If yes, outcome of pregnancy  1 Live birth 2 Pregnant at time of death 5 Unknown	Fetal death 3 Ector	pic pregnancy	23d Date of delivery  Month Day Year	
P.O. E ires that the object to be detached the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of t		ontributing to death but not resulting i	in the underlying cause given in I		bbacco use contribute to the cause of death  5 2 ✓ No 3 Probably 4 Unknot	
Division of Vital Records, I at or Attending Physician: The law requires stafer death.  al Director: After this certificate has been signed in by the funeral director, page 2 should be artification. To Re Commisted	——————————————————————————————————————			24a. Was autop	an 24b. Were autopsy findings avairable prior to completion of cause death?	lable
tal Rec	25. Was case referred to medical		26.Place of Deat	1 Yes	2 No 1 Yes 2 No	)
Vital I hysician: this certifical director,	examiner?  1 Ves 2 No	pital: 1 Inpatient 2 🗸 ER/Outp	patient 3 DOA Other4	Nursing Home 5	Residence 6 Other:	
ion of tending Pheeath.  tor: After the funeral	27. Manner of Death  1 Natural 5 Pending 2 Accident Investigation	28a. Date of Injury Sep 26, 2006  28b. Tir 0000 t	me of Injury 28c. Injury at Wohrs 1 Yes 2	Subject sho	how injury occurred t	
Division ospital or Attending tours after death.  neral Director: After filled in by the fune for the fune for the fune for the fune for the fune for the fune for the fune for the fune for the fune for the fune for the fune for the fune for the fune for the fune for the fune for the fune for the fune for the fune for the fune for the fune for the fune for the fune for the fune for the fune for the fune for the fune fune for the fune fune for the fune fune for the fune fune fune fune fune fune fune fun	3 Suicide 6 Could not be determined	28e. Place of Injury - At home, farm (Specify) Local Street	m, street, factory, office building,	or Town, S	Street and Number or Rural Route Number, State) f Parkin Street, Baltimore, MD	City
Division  To the Hospital or Attend within 24 hours after death To the Funeral Director: completely filled in by the	29a Ceniller	: To the best of my knowledge, death n the basis of examination and/or inv nd manner stated	restigation, in my opinion, death o	occurred at the time, date		
	29b. Signature and title of certifier	Allen	29c. License numbe O.C.M.E.	er	September 27, 2006	
2	30. Name and address of person who con Carol Allan, MD Assistant	Medical Examiner 111 P	enn Street, Baltimore, M	D 21201		
Stat Registra	COT 0 4 000C	32. Registrar's Signature	rele			

			1 - State of Maryland / Der dr., G860, 10/05	partment of Health and M 3 <b>/06dhb</b> ertificate of Death	lental Hygier Reg.	2006 31415
10	N		1. Decedent's Name (First, Middle, Last)		Date of Death     Month	Day Year 3. Time of Death
7	Physici /Medic		ROSETTA ELIZABETH CAMPBELL		Sep. 1.	
	Examir	er	4a. Facility Name (If not institution, give street and number)	4b. City, Town, or Location of Death		4c. County of Death
			9727 Mt. Pisgah Road, #1512  5. Social Security Number 6. Sex 7. Age (In yrs. last birthda	Silver Spring, MD  (i) If Under 1 Year   If Under 24 Hrs.	8. Date of Birth	Montgomery  9. Birthplace (State or Foreign
	Funeral Director		579-36-5885 1□M 2ÅF 76 Yrs.	Months Days Hours Min.	05-08-3	0 Washington, DC
	0		Usual Residence of Decedent			
	anylar show	_	10a. State 10b. County 10c. City, Town or			10d. Inside City Limits 1 ∑ Yes 2 □ No
	Ne M	ecto	MD Montgomery Silver S		100	Citizen of What Country?
	a or 2	Funeral Director	9727 Mt. Pisgah Road, #1512	10f. Zip Code 20903		ntgomery
	ns 23	era	11 Marital Status 12. Was Decedent Ever in U.S. 13	. Was Decedent of Hispanic Origin? (Spe	ecify Yes or No-	14. Race - American Indian,
Maryland 21215-0036	be filed within 72 hours after death with the Maryland that Hygiene. Ind other than "natural", or Items 23s or 28s-1 show event, I'ra Mudical Exactions mast be notified at	by	1 ☐ Never Married 2 ☒ Married 1 ☐ Never Married 2 ☒ Married 1 ☐ Yes 2 ☒ No 1 ☐ Yes 3 ☐ Widowed 4 ☐ Divorced Year or Dates:	If Yes, specify Cuban, Mexican, Puerto  1 Yes 2 No Specify:	Rican, etc.)	Black, White, etc.  Specify: Black
5-0	72 hc	eted	15. Decedent's Education 16a. Dec (Specify only highest grade completed) (Giv	edent's Usual Occupation re kind of work done during most of work		. Kind of Business/Industry
21	within ene. than "	Completed	Elementary/Secondary (0-12) College (1-4or 5+)	DO NOT use retired)		
12	e filed within al Hygiene. I other than '		17. Father's Name (First, Middle, Last)	Clerk	(First, Middle, Maid	Federal Government
anc	ntal hed of	Be	(unavailable)		ailable)	ion sumandy
Z	should be and Mental I s marked o	ပ္		iling Address (Street and Number or Rura		ity or Town, State, Zip Code)
	ages 1 and 2 should bint of Health and Ment t: If item 27 is marked y or other traumatic e			Mt. Pisgah Road.	#1512. Sil	lver Spring. Md. 2090
ře,	of Head	1 3	20a. Method of Disposition 20b. Place of Dis			. Location - City or Town, State
E	Pages nent of int: If it iry or o	. 1	4 Donation 5 Other (Specify) Riversi	de Park Crematory		verdale, MD
Baltimore,	permit. Page Department of Important: If any injury or once.			22. Name and Address of Facility F13		Funeral Home, Inc. V., Washington,DC2000
16			23a. Part1. Enter the disease, or complications that caused the death. Do not e shock, or heart failure. List only one cause on each line.	nter the mode of dying, such as cardiac o	or respiratory arrest,	Interval Between
1	Physician		Immediate Cause (Final disease or condition			Onset and Death
Acq	/Medical Examiner		Due to (or as a consequence of):	- 0		
Н	LAdillille			MIAN CANCER		Zyears
	ted	Examiner	cause. Enter Underlying Cause (Disease or injury			
	sician and burial-transit	Xar	that initiated events ' c. Due to (or as a consequence of):			
8760,	cate be ex physician the buria	dicai	d			
9	tifical ng phy as th	led		- 400		
Вох	eath certific attending p	an/N	IF FEMALE: 23b. Was decedent pregnant 1 ☐ Live birth 2 ☐ Fetal death 3	□Ectopic pregnancy		23d. Date of delivery  Month Day Year
	the death certificate y the attending phys iched for use as the	Physician/Me	in the past 12 months?  1	Other (specify)		Month Day Year
P.0			Part II. Other significant conditions contributing to death but not resulting in the	underlying cause given in Part I	23a. Did tobac	co use contribute to the cause of death?
Vital Records,	se ig	d by		and any mag and any any any any any	1 ☐ Yes	2 No 3 Probably ⊕Unknown
cor	w requir	Completed			24a. Was an	24b. Were autopsy findings available
Re	The lay ate has page 2	m c			autopsy performed	24b. Were autopsy findings available prior to completion of cause of death?
ta		0	25. Was case referred to medical	26 Place of Deatl	1 ☐ Yes 2 ☐	ANO 1 Yes 2 No
<u>&gt;</u>	S S	0	examiner?  1 Tyes 2 Ano Hospital: 1 Inpatient 2 ER/Outpat	Othor		e 6 Other (Specify)
υot	ding Ph h. After th funeral	n: T	27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time (Month, Day Year) 28b. Time (Month, Day Year)		28d. Describe how i	njury occurred
Sio	Attending r death. ector: After y the fune	atic	2 Accident investigation	M 1 Tes 2 No		
Division	after de Direct	Certification:	3 ☐ Suicide 6 ☐ Could not be determined 28e. Place of Injury - At home, farm, building, etc. (Specify)	street, factory, office	28f. Location (Stree City or Town, S	t and Number or Rural Route Number, itate)
	Hospital 4 hours a Funeral D		200 Contilior 18 Contilion Physician Charles	and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th		New Caller of Control of Callering
	To the Hospital or At within 24 hours after or A to the Funeral Director of modelely filled in by	edicai	29a. Certifier  (Check only one)  1. Certifying Physician: To the basis of examination and/or and manner stated.	investigation, in my opinion, death occurr	ed at the time, date	and place, and due to the cause(s)
	(. )	Σ	29b. Signature and title of certifier	29c. License number MD A82974	29d.	Date signed (Month, Day, Year)
	$(\mathbf{b})$	8	Y		V BOSDITA	1/24/2006
	)		30. Name and a dress of person who completed cause of death (Item 23a) (Type CHAD HAMILTON, MD	6900 GEORGIA AV	E., NW. D	C 20307
Ç,	Sta	te	31 Data filed (Month Day Your) 1/32 Bagistrada Sinfatura		- Land	
	Regist		OCT 0 4 2006			

			For State Registrar	State of	Marylan	id / Depa	artmen rtificate	t of H e of L	ealth a Death	and M		Reg. N			31416
.2.	Physici	an	1. Decedent's Name (First, Middle	e, Last)						Ì	2. Date of De Month	D	ay Ye	ar	3. Time of Death
	/Medic		Carole Ann	Devita							Septem	-	29, 20		7:35 A ^M
	Examir	er	4a. Facility Name (If not institution						Location o	of Death			c. County of D		1 -
	*		Prince George'  5. Social Security Number		7. Age (In yrs.	last birthday)	If Under	ver1	y If Under 2	24 Hrs.	8. Date of Bir		Prince		
	Funeral Director		145-32-0609	1□M 2X1F	66	Yrs.	Months	Days	Hours	Min	8. Date of Bir (Month, Da Sept.	IO.	1940	Country) New	e (State or Foreign ) Jersey
*			Usual Residence of Decedent												
	nylan show	_	10a. State 10b. County		10c. Cit	y, Town or Lo	cation							10d.	Inside City Limits
	8a-f	Director	Virginia Fair	fax	Ale:	xandri									1 ☐ Yes 2 No
	with the		10e. Street and Number				10f. Zip						itizen of What	Country	?
	eath muni	Funerai	7804 Crane Plac  11. Marital Status	e 12. Was Deced	dent Ever in U	S 13 1		306 lent of Hi	spanic Orio	gin? (Spe	cify Yes or No		3.A. 14. Race · A	merican	Indian.
	fter d	Fun	1 ☐ Never Married 2 🔀 Marr	Armed Ford	ces?					, Puerto I	cify Yes or No Rican, etc.)		Black, W	/hite, etc	
036	72 hours after death with the Maryland natural', or tlame 23a or 28a-f show dical Examinat must be redified at	by	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Year or Da	tes:		1 ☐ Yes 2	2LA No	Specify:				Specify: W	hite	
5-0	d within 72 hours after death with the Marylan liene. rthen "natural", or itame 23e or 28a-f show the Medical Examinat must be redited at	Completed	15. Deceden (Specify only higher	nt's Education est grade completed)		16a. Dece	kind of wor	rk done d	lurina most	t of workir	ng	16b.	Kind of Busine	ss/Indus	itry
121	within ene.	ig m	Elementary/Secondary (0-12)	College (1-	4or 5+)		DO NOT us	se retired,	)			0-	II.a		
22	e filed within al Hygiene. other then vent, the Me		12 17. Father's Name (First, Middle,	Last)		nome	naker		18. Mothe	r's Name	(First, Middle		vn Home		
ano	0 to 0	) Be	Milton Oschwal							a Ri		,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Maryland 21215-0036	s 1 and 2 should f Health and Men Item 27 le marke other traumetic	ပ	19a. Informant's Name/Relations	ship (Type, Print)		19b. Mailir	ng Address	(Street a				er, City	or Town, Stat	e, Zip Co	ode)
ž	C1 60 - 60		Drew Devita (	Son)		2 Pa	rtric	e La	., Ho	wel,	NJ 07	731			
ore,	es 1 and of Health f Item 27 r other t		20a. Method of Disposition	2	20b. P	Place of Dispo semetery, crer	sition (Nam	ne of ther place	9)	D	ate	20c. l	Location - City	or Town	, State
<u>E</u>	Page nent ant: If		1 🖾 Burial 2 ☐ Cremation 4 ☐ Dopation 5 ☐ Other (S		late i	11ywoo				0/4/	06	Uni	lon, NJ		
Baltimore,	permit. Pages: Department of I- Important: If Ite any injury or ot		21. Signature of Fulleral Service	Licensee	2/	G:	. Name an	d Addres	s of Facility	y Hom	e				
	20529		Lennin	Gell	un	28	800 M	orri	s Ave	., U	nion, l		7083		
	Pnysician		23a. Part1. Enter the disease, or shock, or heart failure. List Immediate Cause (Final disease or condition	only one cause on ea	mic Co		er the mode	e or ayıng	g, such as	cardiac o	r respiratory a	irrest,		Or	pproximate terval Between nset and Death Hours
	/Medical Examiner		resulting in death)		or as a conseq										
		5	Sequentially list conditions, if any, leading to immediate	b. End S	tage Re	enal Fa	ailur	e						6	Months
	ned Insit	nin	Cause (Disease or injury	4	tes Me									20	Years
g.	exect n and ial-tra	Examine	that initiated events resulting in death) Last	G	or as a conseq										Icaro
8760g	cate be executed physicien and the burial-transit	icai		d											
Ö	ng ph as th	Medi	IF FEMALE:												
Вох	death certifics e attending ph ed for use as the	Physician/Med	23b. Was decedent pregnant		th 2 ☐ Feta	I death 3	Ectopic pro	egnancy					23d. Date of Month	delivery Da	y Year
Ö.		/sici	in the past 12 months? 1 ☐ Yes 2 ፭ No 9 ☐ Unknown	4∐Pregna 9∐Unknov	int at time of d wn	eath 5□	Other (spe	ecify)							, , , , , , , , , , , , , , , , , , , ,
P.0.	law requires thet the de as been signed by the a 2 should be detached f		Part II. Other significant condition	ons contributing to dea	ath but not res	ulting in the u	nderlying ca	ause give	n in Part I.		23e. Did t	obacco	use contribute	e to the c	cause of death?
Records,	uires the signed t	d by	Ischemic Cardi	iomyopathy			, ,				10	Yes 2	2 □ No 3 □	Probabl	y 4 🕅 Unknown
S	w requir been s should	ete	Chronic Respi	ratory Fai	lure						24a. Was	an	24b. Were	autopsv	findings available
Re	9 4 9	Completed	Official Respi	racory rar	1010							ormed?	prior	to compl i?	etion of cause of
ta	ician: Th certificate rector, pag	4	25. Was case referred to medical	ı					26. Place	of Death	1 ☐ Yes (Check only o	2 <b>⊠</b> N one)	0 101	95 21	
<u></u>	Physician: rthis certificatal director, i	To B	examiner? 1 ☐ Yes 2 <b>]</b> ∑ No	Hospital: 1 ☐ In	patient 2X	ER/Outpatien	t 3 DO	A Othe	er: 4 □ Nur	rsing Hon	ne 5∐Resi	dence	6 Other (S	pecify)	
o u	ng Pł ster tł ineral		27. Manner of Death 1 XNatural 5 ☐ Pendin	28a. Date of (Month	Injury , Day Year)	28b. Time of Injury	2	8c. Injury Work	at ?	2	8d. Describe	how inj	ury occurred		
sio	Attending in death.	cati	2 Accident investig	gation not be			М		′es 2□N			-			
Division of Vital	s after death al Director:	Certification:	4 Homicide determ	ained 286. Place C	of Injury - At ho g, etc. <i>(Specif</i> )	ome, farm, str y)	eet, factory	, office		2	8t. Location ( City or To	Street a wn, Sta	und Number or te)	Rural Ro	oute Number,
	To the Hospital or Attending Physician: within 24 hours after death.  To the Funeral Director: After this certific completely filled in by the funeral director.	edicai	29a. Certifier 1  Certifyir (Check only one) Medical	ng Physician: To the b Examiner: On the bas and manne	sis of examina	wledge, death tion and/or inv	occurred a vestigation,	at the tim in my op	e, date and inion, deat	d place, a th occurre	and due to the ed at the time,	cause( date ar	s) and manner nd place, and o	as state lue to the	d. e cause(s)
	To t To t	Σ	29b. Signature and title of certifie	retu H	how	uff	290	License	number 2	7-3	MD		ate signed (Mi	O L	v, Year)
•	1		30. Name and address of person	who completed cause	of death (Item	(23a) (Type	Print)		/				, -/		
	5		KEVATAG	MURA	49	61	30 La		er Rd	., C	heverly	у, М	D 2078	5	
	Sta Registr		31. Date filed (Month Day Year)	4 2006	gistrar's Signa	S. A	parte	,							

State of Maryland / Department of Health and Mental Hygien 2006 For State Registrar Certificate of Death Reg. No. 3. Time of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death SEPT. 27, 2006 Physician DUKEHART 11:21 PM LARRY /Medical 4a. Fecility Name (If not institution, give street and number) 4c. County of Death 4b. City. Town, or Location of Death Examiner BALTIMORE TOWSON HOSPICE OF BALTIMORE GILCHRIST CTR. Birthplace (State or Foreign Country) If Under 24 Hrs 5. Social Security Number 7. Age (In yrs. last birthday) 6. Sex Date of Birth **Funeral** 1 M 2□ F Min 0871071948 Months Days Hours MD 58 215-56-4410 Director Usuel Residence of Decedent filed within 72 hours after death with the Maryland 10c. City, Town or Location 10d. Inside City Limits 10a State 10h Count th and Mental Hygiene. ?7 is marked other then "natural", or iteme 23a or 28a-f ehow traumatic event, the Medical Examinationual be notified at 1 ☐ Yes 2 👿 No Director BALTIMORE TIMONIUM MD 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21093 USA 257 CINDER ROAD Funeral 12. Was Decedent Ever in U.S. Armed Forces? 1 ☐ Yes ≥ 2 M No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indian, Black, White, etc. 11. Marital Status 1 Never Married 2 Married WHITE 1 ☐ Yes 2 No Specify: Baltimore, Maryland 21215-0036 Specify: Completed by 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) College (1-4or 5+) Elementary/Secondary (0-12) SPORTS INFORMATION PROPRIETOR 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) permit. Pages 1 and 2 should be fife Department of Health and Mental Hy Important: If Item 27 is marked oth any liury or other traumatic event 9DEs. Be TUCKER DUKEHART SALLY LEON 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 257 CINDER ROAD - TIMONIUM, MD 21093 PATRICIA DUKEHART / WIFE 20b. Place of Disposition (Name of cemetery, crematory or other placeGARDENS 20c. Location - City or Town, State 20a. Method of Disposition 1 X Burial 2 ☐ Cremation 3 ☐ Removal from State DULANEY VALLEY MEMORIAL 9/29/06 TIMONIUM, MD 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility SOL LEVINSON & BROS., INC. 21. Signature of Funeral Service Licensee Socie 8900 REISTERSTOWN ROAD - PIKESVILLE, MD 21208 23a. Part1. Enter the disease, or complications that caused the death. shock, or heart failure. List only one cause of each line. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) **Physician** month /Medical Due to (or as a consequence of): Examiner Sa uentially list conditions if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events Due to (or as a consequence of) Examiner The law requires that the death certificate be executed burial-transit physicien and resulting in death) Last Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Completed by Physician/Medical the use as 23c. If yes, outcome of pregnancy 23d. Date of deliven 23b. Was decedent pregnant 1 Live birth 2 Fetal death 3 Ectopic pregnancy in the past 12 months? Month ŏ Day Year 4☐ Pregnant at time of death signed by the et id be detached fo 5 Other (specify) 1 ☐ Yes 2 ☐ No 9 Unknown 9 Unknown 23e. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 TYes 2 No 3 Probably 4 Unknown should peeu 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? page 2 s has certificete 2 \ No 1 Yes Attending Physician: director, To Be 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Hospital: Other: 1 ☐ Yes 2 € No 1 Inpatient 2 ER/Outpatient 4 Nursing Home 5 Residence 6 Other (Specify) 3 DOA this After thi funeral of 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28b. Time of 28d. Describe how injury occurred 27. Manner of Death Medical Certification: 1. Natural 5 Pending investigation 1 ☐ Yes 2 ☐ No death. within 24 hours after death

To the Funeral Director: / 2 Accident 6 ☐ Could not be 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 THomicide To the Hospital or 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29c. License number 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifier 10 ddress of person whill completed of death (Item 22a) (Type, Print) 32. Registrar's Signature 31. Date filed (Month, Day, Year) State Registrar

DHMH 17 Rev 1/2001

, roi		II Copies Are Legible.  Mental Hygien 2 0 6	31418
1. Decedent's Name (First, Middle, Last)  DEVISE DERRIE	PN	2. Date of Death Month Day Year Page 29 2006	3. Time of Death 12;47 pm
4a. Facility Name (If not institution, give street and number) 2321 Wineberry Terrace	4b. City, Town, or Location ot Death Baltimore	4c. County of Death	

Physician /Medical Examiner

1 - For State Registrate

2321 Wineberry Terrace

Funer. Directo

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Heelth and Mental Hygiene. important: if item 27 is marked other than "natural", or Items 23s or 28s-f show any injury or other traumatic event, the Medical Extrainer state is anottilled at

Baltimore, Maryland 21215-0036

Physician /Medica Examine

To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours effer death.

To the Funeral Director: After this certificate has been signed by the attending physicien and completely filled in by the funeral director, page 2 should be detached for use as the burial-transit

Division of Vital Records, P.O. Box 68760,

	5. Social Security Number 6. Sex 219 – 54 – 2532	M 204 5	(Ast birthday) Yrs.	Months Days	If Under 24 Hr Hours Mir	n. (Month, Day, )	6/1950	irthplace (State or Forei Country)  S.C.		
	Usuet Residence of Decedent 10a, State 10b, County	10c. Ci	ity, Town or Loca					10d. Inside City Limi		
ctor	MD n/a		Balt	imore				1 XYes 2 □ N		
Funeral Director	10e. Street and Number 2321 Wineberry T	Terrace		10f. Zip Code 212	209	10	10g. Citizen of What Country? USA			
by Funer	11. Maritat Status  1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Ever in L Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates:		as Decedent of H Yes, specify Cubin	14. Race - American Indian, Black, White, etc.  African- SpecifyAmerican					
eled	15. Decedent's Educ (Specify only highest grade	cation a completed)	16a. Decede (Give k	int's Usual Occup ind of work done O NOT use retire	ation during most of w	orking	6b. Kind of Busines			
Completed by	Elementary/Secondary (0-12)	Cotlege (1-4or 5+)	Commu	ity Polic ept.						
13	17. Father's Name (First, Middle, Last)			aiden Sumame)						
2	Theodore Derrier	1			нете	n Jackso	Π			
	19a. Informant's Name/Relationship (Type, Print)  19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State,									
	Brenda Smith/ Sister 207 Cannon Ball Way, Odenton, M									
	20a. Method of Disposition  1  Weurial 2  Cremation 3  4  Donation 5  Other (Specify)	oc. Location - City o								
	21. Signature of Funeral Service License	99	22.	Name and Addre	ss of Facility [	ylie F/H	P.A. 0	f Balto.C		
	1 /man		92	00 Lib	erty Ro	l., Randa	llstown	,MD 21133		
Il medical Examine	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  23b. Was decedent pregnant  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):									
	23b. Was decedent pregnant in the past 12 months?  1  Yes 2 No 9 Unknown  1 Live birth 2 Fetal death 3 Ectopic pregnancy 4 Pregnant at time of death 5 Other (specify)									
ysicia	in the past 12 months?	4☐Pregnant at time of		Other (specify) _			World	Day Year		
ed by Prinysicia	in the past 12 months?	4☐ Pregnant at time of o			en in Part I.	23e. Did toba	acco use contribute	Ďay Year to the cause of death? Probably 4 □Unknow		
completed by rugalera	in the past 12 months? 1 ☐ Yes 2 ☐ No 9 ☐ Unknown	4☐ Pregnant at time of o			en in Part I.		20 No 3 2 24b. Were prior to death	to the cause of death?  Probably 4 □Unknow  autopsy findings availab o completion of cause o		
1	in the past 12 months? 1	4 □ Pregnant at time of a g □ Unknown  ntributing to death but not re				1 ☐ Yes  24a. Was an autopsy perform	2 No 3 CO STATE OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERT	to the cause of death?  Probably 4 Unknow autopsy findings availab o completion of cause o		
in so continue	in the past 12 months? 1	4 Pregnant at time of a 9 Unknown  Intributing to death but not read the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of		derlying cause giv	26. Place of D	1   Yes  24a. Was an autopsy perform 1   Yes 2	2 No 3 CO STATE OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERT	to the cause of death?  Probably 4 □Unknov autopsy findings availat o completion of cause of es 2□ No		
in so continue	in the past 12 months?  1	4 □ Pregnant at time of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the s	sulting in the und	derlying cause gives a second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second	_26. Place ot D er: 4 ☐ Nursing y at	1   Yes  24a. Was an autopsy perform 1   Yes 2	24b. Were prior to death 1 1 Y.	to the cause of death?  Probably 4 □Unknov autopsy findings availat o completion of cause of es 2□ No		
Idillos an ot	in the past 12 months? 1	4 Pregnant at time of a 9 Unknown  Intributing to death but not read the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of	ER/Outpatient 28b. Time of Injury	3 DOA Ott	26. Place ot D er: 4 □ Nursing y at k?	24a. Was an autopsy perform 1 Yes 2 A autopsy perform 1 Yes 2 A autopsy perform 2 B ath (Check only one 2 B A Describe how	24b. Were prior to death 1 Y case 6 Other (Springly) occurred	to the cause of death?  Probably 4 □Unknow autopsy findings availab o completion of cause o ?  Substituting the completion of cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of		
medical certification; to be completed by Enysician/medical	in the past 12 months?  1	4 Pregnant at time of a 9 Unknown  Intributing to death but not research to the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second	ER/Outpatient 28b. Time of Injury	3 DOA Ott 28c. tripu Wo M 1 Det, tactory, office	26. Place ot D er: 4 □ Nursing y at k? Yes 2 □ No	24a. Was an autopsy perform 1 Yes 2 eath (Check only one 28d. Describe how 28d. Describe how 28t. Location (Stre City or Town, 28d. Describe ce, and due to the cat	24b. Were prior to death 1 1 You courred	to the cause of death?  Probably 4 Unknow autopsy findings available completion of cause of each of cause of the completion of cause of the completion of cause of the completion of cause of the completion of cause of the completion of cause of the completion of cause of the completion of cause of the completion of cause of the cause of the completion of cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the		

State Registrar 31. Date filed (Month, Day, Year)

OCT 0 4 2006

3. Registrar's Signature

State of Maryland / Department of Health and Mental Hygien 2006 Certificate of Death 2 Date of Death 1. Decedent's Name (First, Middle, Last) 3. Time of Death **Physician** Arlene Luthi Daley October 1, 2006 9:45 am M /Medical 4c. County of Death 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death Examiner Baltimore 2023 Holly Neck Road Essex ff Under 1 Year | ff Under 24 Hrs. 8. Date of Birth (Month Day, Year) May 12, 1920 9. Birthplace (State or Foreign 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** 1 ☐ M 2 🛂 F Days Hours Yrs Colorado 532-30-6820 86 **Director** Usual Residence of Decedent death with the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits ir then "naturel", or iteme 23s or 28s-f show the Medical Exempler must be notified at Baltimore MD Essex 1 ☐ Yes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 2023 Holly Neck Road 21221 USA Funeral 12. Was Decedent Ever in U.S. Armed Forces? 1. Yes 2 □ No Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indian, Black, White, etc. 11. Marital Status filed within 72 hours after 1 Never Married 2 Married Specify: White Baltimore, Maryland 21215-0036 1 ☐ Yes 2 No Specify: þ 3 Widowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) Dietician US Public Health permit. Pages 1 and 2 should be filed w Department of Health and Mental Hygier important: If Item 27 is marked other it ery injury or other traumatic event, Itaa once. 18. Mother's Name (First, Middle, Maiden Surname) 17. Father's Name (First, Middle, Last) Be Minnie Kohler Albert Luthi 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) Donna Starkey- Daughter 2023 Holly Neck Road Essex, MD 21221 20b. Place of Disposition (Name of cometery, crematory or other place)
Gardens of Faith 20c. Location - City or Town, State 20a. Method of Disposition 1 Burial 2 Cremation 3 Removal from State 10/4/06 Baltimore, MD 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility Miller-Dippe 6415 Belair Road Baltimore,

23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

Immediate Cause (Final disease or condition resulting in death)

a. CARDIO PIII MAN 2001. 22. Name and Address of Facility Miller-Dippel Funeral Home 6415 Belair Road Baltimore, MD 21206 Approximate interval Between Onset and Death **Physician** /Medical Due to (or as a consequence of): Examiner CARDIOMYOPATHY Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of) Examiner signed by the attending physicien end d be detached for use as the burial-transit OBSTRUCTIVE LUNG DISEASE HRONIC Due to (or as a consequence of) Division of Vital Records, P.O. Box 68760. Be Completed by Physiclan/Medical 23c. If yes, outcome of pregnancy 1 ☐ Live birth 2 ☐ Fetal death 23d. Date of delivery 23b. Was decedent pregnant 3 Ectopic pregnancy in the past 12 months? 4☐Pregnant at time of death 5 Other (specify) 1 ☐ Yes 2 ☑No 9 Unknown 9 Unknown 23e. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yes 2 No 3 Probably 4 Unknown bleed should 24b. Were autopsy findings available prior to completion of cause of death? s certificate has t director, page 2 s autopsy performed 2 □ No 1 Yes 2 No 1 Tes To the Hospital or Attending Physician: within 24 hours effer death.
To the Funerel Director: Atter this certifice 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Hospital: 1 | Inpatient Other: 4 Nursing Home 5 Assidence 6 Other (Specify) 1 Yes 2 No မှ 2 ER/Outpatient 3 DOA Director: After th 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Certification: 1 Watural 5 Pending investigation 1 Tes 2 No М 2 ☐ Accident 6 Could not be 28e. Pface of Injury - At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 | Homicide 1 Contifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Exeminer: On the basis of examination and/or investigation in my opinion, death occurred at the cause(s) and manner as stated. 29a. Certifie al Exeminer: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only Signature and time of 29d. Date signed (Month, Day, Year) 29c. License number 29b. 10/03/06 042041 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Huy. Brookleys Pash, MD 21225 4115 Ritchio ALEGADO 32. Registrar's Signature 31. Date filed (Month, Day, Year) State OCT 0 4 2006 Registrar

			1 - For State Registrar	State of	Maryla	nd / Dep	artmen	t of Health and e of Death	Mental Hygie	2006	31420	
	Physic	an	1. Decedent's Name (First, Middle, Las		Ena	2 19	Γ_		2. Date of Death Month	Day Yea		
	/Medi Examir		4a. Facility Name (If not institution, give					Town, or Location of Dea		4c. County of De		
		4.	12366 Howard Lo	dge Driv	re			kesville		Howa		
FM	Funeral Director		5. Social Security Number 6. S 213-34-8662	ex XiM 2□F		. last birthday) 68 Yrs.	If Under Months	1 Year If Under 24 Hrs Days Hours Min		1938 N	Birthplace (State or Foreign Country) Mary Land	
$\sim$	pug *		Usual Residence of Decedent  10a. State 10b. County		10c C	ity, Town or Lo	ncation				10d. Inside City Limits	
<b>S</b> 0	partition of a line of year of the 13-0030 permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: It item 27 is marked other then "netural", or tiems 23a or 28a-1 ehow any injury or other traumatic event, tra Medical Exertical must be notified at once.	ector	Maryland Howard				kesvi					
1/30/06	with t	Ö	10e. Street and Number 12366 Howard Lod	co Drive			10f. Zip	21 <b>7</b> 84	10g	J. Citizen of What	Country?	
10	death ms 2%	nera	11. Marital Status	12. Was Deced	lent Ever in I	U.S. 13.	Was Deced	dent of Hispanic Origin? ( orly Cuban, Mexican, Pue	Specify Yes or No-		merican Indian,	
	within 72 hours after ene. then "natural", or the cameral can be careful to the cameral can be careful to the cameral can be careful to the cameral can be careful to the cameral can be careful to the cameral can be careful to the cameral can be careful to the cameral can be careful to the can be careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful to the careful t	Completed by Funeral Director	1 ☐ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ ₩ ivorced	Amed Ford 1 Tes 2 If Yes, Give Year or Date	No ⊠		1 Yes, spec		rto Hican, etc.)	Black, W Specify: V		
chara F. Engel St.	in 72 ho	peted	15. Decedent's Ec (Specify only highest gra	de completed)		16a. Dece (Give	dent's Usua kind of wo DO NOT us	al Occupation rk done during most of wo se retired)	orking 16	b. Kind of Busine	ss/Industry	
-12	d with giene.	mo	Elementary/Secondary (0-12)	College (1-	4or 5+)		on Wo			Construc	tion	
ENge!	be filed tal Hygir d other	Be C	17. Father's Name (First, Middle, Last)					18. Mother's Na	me (First, Middle, Ma			
M. S.	should bent marked	2	Alfred Engel						laire Punt			
	d 2 sh d 2 sh th and 7 is n traun		19a. Informant's Name/Relationship (	• • • • • • • • • • • • • • • • • • • •				(Street and Number or F				
4	Health Health tem 27		Bernard Engel, J. 20a. Method of Disposition	c. Son	20b.	Place of Dispo cemetery, cre	HOW3	rd Lodge Ir	ive Sykesy Date 20	111. (IL)	21784 or Town, State	
2	Pages ent of ry or o		1 Burial 2 Cremation 3 4 Donation 5 Other (Specific	Removal from S		0011701019, 010	maiory or o	ry Inc. 10/			, Maryland	
ernard	permit Departm Imports any inju		21. Signature of Funeral Service Liger	·				d Address of Facility abb Funeral				
Be	Physician /Medical Examiner	Examiner	Thomas Gregor  23a. Part. Enter the disease, or com shock, or heart failure. List only Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated eyents)	plications that ca one cause on ea a. 12 2 y Due to (o		quence of):	ter the mod		ic or respiratory arrest	t,	Approximate Interval Between Onset and Death	
0320	ificate be executed physicien and K	cai	resulting in death) Last	Due to (o	r as a conse	quence of);						
93 you O a shack a lost of the solition of Witch	To the Hospital or Attending Physician: The law requires that the death certifical within 24 hours after death. To the Funeral Director: After this certificate has been signed by the attending phy completely filled in by the funeral director, page 2 should be detached for use as in	Completed by Physician/Med	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1  Yes 2 No 9 Unknown		th 2∏Fet ntattime of	al death 3	Ectopic pr			23d. Date of o	delivery Day Year	
9	ries that signed t	by P	Part II. Other significant conditions of	ontributing to dea			inderlying c	ause given in Part I.			to the cause of death?  Probably 4 Junknown	
Š	w require	etec				(0.1						
0	ysician: The lavysician: The lav								24a. Was an autopsy performe	d) prior t death	autopsy findings available to completion of cause of ? es 2 \[ \text{No} \]	
*	sician: The certificete	Be c	25. Was case referred to medical examiner?  1 Yes 2 No	Hospital:		Ten.o.		0	ath (Check only one)			
Č	er this	n; To	27. Manner of Death	28a. Date of	Injury	ER/Outpatier 28b. Time o		8c. Injury at Work?	Home 5 Residence		pecify)	
2	ath.	atio	1 Natural 5 ☐ Pending 2 ☐ Accident Investigation		Day Year)	Injury	м	Work? 1 ☐ Yes 2 ☐ No				
ونزو	ai or Attendi s after death. I Director: A d in by the fu	Certification:	3 Suicide 6 Could not be 4 Homicide determined	28e. Place of building	f Injury - At h g, etc. <i>(Spec</i>	nome, farm, st ify)	reet, factory	r, office	28f. Location (Stree City or Town,	et and Number or State)	Rural Route Number,	
	To the Hospital or Attendi within 24 hours after death. To the Funeral Director: A completely filled in by the tu	Medical C	29a. Certifier 1 Certifying Ph (Check only 2 Medical Exan	ysician: To the base niner: On the base and manner	is of examin	owledge, deat ation and/or in	h occurred vestigation,	at the time, date and plac in my opinion, death occ	e, and due to the caus urred at the time, date	se(s) and manner and place, and d	as stated. ue to the cause(s)	
	To the within To the comp	ž	29b. Signature and title of certifier	A	ð			. License number	29d	. Date signed (Mc	inth, Day, Year)	
			Jon K. M	rund	$\sim$ 1	YYD		30573	10	0-2-6	) <b>(</b>	
	10		30. Name and address of person who	MD 1	of death (Ite	m 23a) (Туре,		Patoxent	Parkway	Colum	bin MD	
	Sta Registi		31. Date filed (Month, Day, Year)	2006 N	gistrar's Sign	ature	LOBA				,	

State of Maryland / Department of Health and Mental Hygiens, 1 - For State Registrar Reg. No. Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death 11:15^Ã 3, 2006 Physician MARY HELENA ELLISON October 0 /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Anne Arundel Crownsville 378 Lake Road If Under 1 Year If Under 24 Hrs.
Months Days Hours Min. 9. Birthplace (State or Foreign Country) Mary Land 8. Date of Birth (Month, Day, Year) 5. Social Security Number 6. Sex 7. Age (In vrs. last birthday) **Funeral** Months 212-03-4407 1 □ M 2 😿 F Mar 2, Director 1912 Usual Residence of Decedent the Maryland 10a State 10c. City. Town or Location 10d. Inside City Limits r 28a-f show 10b. County Crownsville Maryland Anne Arundel 1 ☐ Yes 2X No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? r than "naturel", or Items 23s or the Medical Examiner must be re 378 Lake Road 21032 USA Funeral death 12. Was Decedent Ever in U.S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Bace - American Indian 11. Marital Status permit. Pages 1 and 2 should be filed within 72 hours after of Department of Health and Mental Hygiene. Important: If item 27 is marked other than "naturel", or item any injury or other traumatic event, the Medical Exemptance. Black, White, etc. 1 ☐ Yes 2 ☑ No If Yes, Give 1 ☐ Never Married 2 ☐ Marned Baltimore, Maryland 21215-0036 1 ☐ Yes 2 ▼ No Specify: þ 3 ☐ Widowed 4 ☑ Divorced Year or Dates White Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Elementary/Secondary (0-12) College (1-4or 5+) Assistant Inspector General US Army 11 Ō 18. Mother's Name (First, Middle, Maiden Sumame)
Helene M. Winchester 17. Father's Name (First, Middle, Last) Be Gerhard J. Meyers 2 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Melita C. Ellison (Daughter) 378 Lake Rd., Crownsville, Md. 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 20a. Method of Disposition 1 ☐ Burial 2 🖾 Cremation 3 ☐ Removal from State Bayview Crematory, Inc. 10/4/06 Baltimore. Maryland 4 ☐ Donation 5 ☐ Other (Specify) McCully Folyniak Funeral Home, P.A. Pasadena, Nd. 21122 21. Signature of Funeral Service Licensee Revin E Ecker 3204 Mountain Rd., Pasadena, Nd. Approximate Interval Between Onset and Death 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Immediate Cause (Final Physician ONORS nears 7 disease or condition resulting in death) /Medical Due to (or as a consequence of). Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury Due to (or as a consequence of): Examine tending physician and ruse as the burial-transit The law requires that the death certificate be executed that initiated events resulting in death) Last Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical IF FEMALE 23c. If yes, outcome of pregnancy 1 ☐ Live birth 2 ☐ Fetal de 23d. Date of delivery 23b Was decedent pregnant atter for u in the past 12 months? 2 Fetal death 3 Ectopic pregnancy Month Year 4 Pregnant at time of death 5 Other (specify) been signed by the s should be detached 9 Unknown 9 Unknown Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death3 þ 1 ☐ Yes 2 ☐ No 3 □ Probably 4 □ Onknown Completed 24a. Was an 24b. Were autopsy findings available prior to completion of eause of death?

1 ☐ Yes 2 ☐ No certificate has tirector, page 2 s autopsy performed 1 ☐ Yes 45 Be 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Aesidence 6 Other (Specify) 1 Tes 2 100 ဥ 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA After thi 27. Manne of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Certification: 1 Natural 5 Pending death. 1 ☐ Yes 2 ☐ No investigation M 2 Accident Director: / 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide within 24 hours after To the Funeral Dire 1 Portifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier (Check only one) 29b. Signature and title of certifier 29d. Date signed (Month, Day, Year) 0 who completed cause of death (Item 23a) (Type 30. Name and address of person ans Huy Millersville, MD 21108 ennitor 22. Registrar's Signature 31. Date filed (Month, Day, Year) State

DHMH 17 Rev 1/2001

Registrar

OCT 0 4 2006

Please Type or Print in Black Indelible Ink. Ensure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 006 Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Day ___ **Physician** OCTOBER 2006 Carroll Edward Forney, Jr. 11:20 4 /Medical 4a. Facility Name (If not institution, give street and number)
Saint Joseph Medical 4b. City, Town, or Location of Death 4c. County of Death Examiner Center Baltimore Towson Months Days Hours Min. F. (Month, Day, Year) 7. Age (In yrs. last birthday) 5. Social Security Number 6 Sex 9. Birthplace (State or Foreign **Funeral** Maryland 1**X** M 2 □ F 61 218-40-0655 Director Usual Residence of Decedent with the Maryland 10a. State 10c. City. Town or Location 10d. Inside City Limits 10h County r then "neturel", or Iteme 23a or 28a-f ehow the Madical Examiner must be notified at 1 ☐ Yes 2 No Maryland Carroll Finksburg Directo 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 2122 Paddock Lane 21048 U.S.A. Funeral 12. Was Decedent Ever in U.S. Armed Forces? 10 Nos 2 □ No 10 Nos 3 @rep? Year or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11. Marital Status 1 Never Married 2 Married 1 Yes 2 No Specify: þ Specify: White 3 □ Widowed 4 □ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry al Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) Assistant Superintendent Construction permit. Pages 1 and 2 should be file Department of Health and Mental Hy. Important: If item 27 is marked othe ery injury or other traumatic event, once. 18. Mother's Name (First, Middle, Maiden Surname) 17. Father's Name (First, Middle, Last) Elizabeth Close Carroll Edward Forney. Sr. 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Joyce Forney - wife 2122 Paddock Lane, Finksburg, Md. 21048 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 Burial 2 □ Cremation 3 □ Removal from State Maryland Veterans Cem. Oct. 10,2006 Owings Mills, Md. 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 22. Name and Address of Facility Eckhardt Funeral Chapel P.A. State Ellis 11605 Reisterstown Rd. Owings Mills, Md. 21117 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying; such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death YEARS Immediate Cause (Final CORONARY ARTERY DISEASE Physician disease or condition resulting in death) /Medical Due to (or as a consequence of): Examiner HYPOXIC ENCEPHALOPATHY DAYS Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or injury Due to (or as a consequence of): Examiner The law requires that the death certificate be executed igned by the attending physicien and C be detached for use as the burial-transit RENAL FAILURE DAYS that initiated events resulting in death) Last Due to (or as a consequence of) Completed by Physician/Medical IF FEMALE 23c. If yes, outcome of pregnancy 1 Live birth 2 ☐ Fetal dea 23d. Date of delivery 23b. Was decedent pregnant in the past 12 months? 2 Fetal death 3 Ectopic pregnancy Day Month Year 4☐Pregnant at time of death 5 Other (specify) 1 ☐ Yes 2 ☐ No 9 Unknown 9 Unknown signed I Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? 2 No 3 Probably 4 Unknown been si should l 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Yes 2 No this certificate 2 N No 1 Yes 1 ☐ Yes Physician: Director; After this certific if in by the funeral director, 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) ို 1 ☐ Yes 2 No 1 💹 Inpatient 2 ER/Outpatient 3 DOA 28a. Date of Injury (Month, Day Year) 27. Manner of Death 1 Natural 28b. Time of Certification: 28d. Describe how injury occurred or Attending 5 Pending death. 1 ☐ Yes 2 ☐ No investigation 2 Accident 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) filled in by 4 Homicide within 24 hours e To the Funeral L 29a. Certifier 1 🛴 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. Medical The Desire of the Best of the Annual Courtes at the little was place, and the time, date and place, and due to the cause(s) and manner stated. (Check only one) 29c. License number 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifier

10

Baltimore, Maryland 21215-0036

Division of Vital Records, P.O. Box 68760,

State Registrar 31. Date filed (Month, Day, Year)

IMRAN SIDDYQI, M. D.

32 Registrar's Signature

30. Name and ad ress of person who completed cause of death (Item 23a) (Type, Print)

7601 OSLER DRIVE TOWSON MARYLAND 21204

DØØ63974

10/2/06

	1 For State Registrar	State of Maryland / Depa Cer	artment of Health and M Tificate of Death	ental Hygiens	711116 31673
Physician	Decedent's Name (First, Middle, Last)			2. Date of Death Month Da	3. Time of Death
/Medical Examiner	Carl C Ferrante Sr 4a. Facility Name (If not institution, give str  Good Samantav	1	4b. City, Town, or Location of Death Baltimore	4c	c. County of Death Baltimore City
Funeral Director	Z1Z 30 30Z3 X	7. Åge (In yrs. last birthday) 1 2 F 71 Yrs.	If Under 1 Year If Under 24 Hrs.  Months Days Hours Min.	8. Date of Birth (Month, Day, Year, November 18	9. Birthplace (State or Foreign Country) 1934 Baltimore, Maryland
Maryland -1 ehow lind #	Usual Residence of Decedent  10a. State 10b. County  Maryland Baltimore	10c. City, Town or Lo			10d. Inside City Limits 1 ☐ Yes 2 ☐ No
death with the Maryla ms 23a or 28a-1 ehov count be notified at neral Director	10e. Street and Number 7803 Chestnut Avenue		10f. Zip Code 21234		itizen of What Country?
036  vors after death with the Mar  el., or Items 23s or 28s-1 el  Examiner in Mat be notifiad  I by Funeral Director	11. Marital Status 12 1 □ Never Married 2 ☑ Married	Armed Forces?	Mas Decedent of Hispanic Origin? (Spet Yes, specify Cuban, Mexican, Puerto	cify Yes or No-	14. Race - American Indian, Black, White, etc.  Specify: White
Baltimore, Maryland 21215-0036  Descript. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene.  Mportent: If Item 27 is marked other than "naturel", or Items 23s or 28s-f show may highly or other traumatic event, the Marical Examinar hand be notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at the notified at	15. Decedent's Educa (Specify only highest grade of	tion 16a. Dece	dent's Usual Occupation kind of work done during most of worki DO NOT use retired)	ng	Kind of Business/Industry
Baltimore, Maryland 21215-0 permit. Pages 1 and 2 should be filed within 72 ho Department of Health and Mental Hygene. Important: if Item 27 is marked other than "naturany injury or other traumatic event, the Marical page.  To Be Completed	6 17. Father's Name (First, Middle, Last)  Firmanuel Ferrante	N/A Window		Wind (First, Middle, Maide) ette LaPaglia	
Maryla nd 2 should lith and Men 27 Is marke r traumatic	19a. Informant's Name/Relationship (Type Susanna Ferrante (Wife)		ng Address (Street and Number or Rura Werall Avenue Baltim	I Route Number, City	or Town, State, Zip Code)
MOCE, Pages 1 ar	20a. Method of Disposition  1 ☑ Burial 2 ☐ Cremation 3 ☐ Rei 4 ☐ Donation 5 ☐ Other (Specify)	noval from State	sition (Name of natory or other place)  11ey Memorial Cons. Oc		ocation - City or Town, State
Balti permit. Departn Importe any Inji	21. Son true of Funeral Service Licensee	mba I	2. Name and Address of Facility assahn Funeral Hone In 401 Belair Road Baltin		1 21236
Physician /Medical Examiner	shock, or heart failure. List only one Immediate Cause (Final disease or condition resulting in death)  Segmentially list conditions  b.	tions that caused the death. Do not enticause on each line.  End Stage  Due to (or as a consequence of):		r respiratory arrest,	Approximate Interval Between Onset and Death
18760, Control of the burial transit is the burial transit colored Examiner	Sequentially list conditions, if any, leading to incredict cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  d.	Due to (or as a consequence of):			
P.O. Box 6 the the death certific ed by the attending F detached for use as	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 □ Yes 2 □ No 9 □ Unknown		□Ectopic pregnancy □ Other (specify)		23d. Date of delivery Month Day Year
cords, P. wrequires thet been signed be should be detailed by PPI		ension, obsin	ndive Sleep		use contribute to the cause of death? 2 No 3 Probably 4 Unknown
al Records,  The taw requires the cete has been signed page 2 should be completed by	Aprica. Conges	two heart fail womyopalay	ик,	24a. Was an autopsy performed?	24b. Were autopsy findings available prior to completion of cause of death?  1 □ Yes 2 □ No
Division of Vital Records, P.O. Box 6( To the Hospital or Attending Physician: The taw requires thet the death certific within 24 hours after death. To the Funeral Director: After this certificate has been signed by the attending p completely filled in by the funeral director, page 2 should be detached for use as a Medical Certification: To Be Completed by Physician/Mec	examiner? 1 ☐ Yes 2 ☐ Ho	spital: 1	nt 3 DOA Other: 4 Nursing Ho	me 5 Residence 28d. Describe how inju	
Division C To the Hospital or Attending P within 24 hours after death. To the Funeral Director: After t completely filled in by the funeral Medical Certification:		28e. Place of Injury - At home, farm, st building, etc. (Specify)		City or Town, Sta	
To the Hospital within 24 hours a To the Funeral completely filled		cian: To the best of my knowledge, deat ir: On the basis of examination and/or in and manner stated.		ed at the time, date ar	
of Marie To Do Do Do Do Do Do Do Do Do Do Do Do Do	) GKNAN	related source of death (them 22a) Tra-	RES 000		10-1-2006
4	CAMILYON KV	pleted cause of death (Item 23a) (Type,	Print) Good Cama; Baltimore	, MD-21	871 FU 1239
State Registrar	UL 1 11 21 2000	Louis orginal of	eall 1		

PENDANTE, CALL

Please Type or Print in Black Indelible Ink. Ensure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygien 2006 31424 1 - For State Registrar Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month Day September 30 2006 John George Flowers 22 55 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Baltimore County
If Under 1 Year | If Under 24 Hrs. Franklin Square Hospital Baltimore 5. Social Security Number Birthplace (State or Foreign Country) 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Days Months Hours 1 M 2 F Yrs. September 1 1918 Baltimore, Maryland <u>215 01 3147</u> Usual Residence of Decedent 10c. City, Town or Location 10d. Inside City Limits 10a. State 10b. County 1 ☐ Yes 2 ☐ No Baltimore County Maryland Baltimore 10e. Street and Numbe 10f. Zip Code 10g. Citizen of What Country? 8100 Rossville Blvd. Apt. 205 USA 12. Was Decedent Ever in U.S. Armed Forces? 1 XX es 2 □ No If Yes, Give Year or Dates: WW TT Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian. Black, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 X No Specify: 3.☐Widowed 4 ☐ Divorced W II White 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Testing Supervisor Bethlehem Steel Shipyard N/Α 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Alexander Kwiatkowski Mary Latka 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Carole M Scott (Daughter) 17467 Susuehanna Trail South New Freedom, PA. 17349 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Gardes of Faith Cem. October 4 2006 Baltimore, Maryland 21. Şignajure of Funeral Service Licensee 22. Name and Address of Facility Lassahn Funeral Home Inc 7401 Belair Road Baltimore, Maryland 21236 nter the mode of dying, such as cardiac or respiratory arrest, Approximate Interval Between Onset and Death 23a. Part1. Enter the disease or complications that caused the death. Do not enter shock, or heart failure. List only one cause on each line. Immediate Cause (Final disease or condition resulting in death) Subdural Hematoma Due to (or as a consequence of) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events Due to (or as a consequence of) resulting in death) Last Due to (or as a consequence of): IF FEMALE: 23c. If yes, outcome of pregnancy 1 ☐ Live birth 2 ☐ Fetal death 23d. Date of delivery 23b. Was decedent pregnant 3 Ectopic pregnancy in the past 12 months? Day 4☐Pregnant at time of death 5 Other (specify) 9 Unknown 9 Unknown Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed 2 No 1 Yes 2X No 1 Yes 25. Was case referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28b. Time of Injury 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28d. Describe how injury occurred 1 Natural 5 Pending Hamber 29,2006 900 A investigation 1 Yes tal 2 Accident 6 Could not be determined 28f. Location (Street and Number or Rural Route Number.
Striy or win, State) Brush Die Home 3 Suicide Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 | Homicide

Examiner burial-transit P.O. Box 68760 Division of Vital Records, or Attending Physician: within 24 hours after deat To the Funerei Director: completely filled in by the o the Hospital

Examiner Physician/Medical þ Be Completed Certification: To

29a, Certifier (Check only one)

29b. Signature and Ittle of certifier

**Physician** 

/Medical

Examiner

Funeral

Director

28a-f ehov

ō

al Hygiene.

is marked of

Department of Heali importent: If item 2 any injury or other once.

**Physician** /Medical

Baltimore,

Director

Completed by Funeral

Be

other traumatic event, the Madical Examinar must be notified at

with the Maryland

+/owees

JOHN

State Registrar

Mitalto 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

29c. License number D1866

1 Certifying Physician: To the best of my knowledge, and occurred at the time, date and place, and due to the cau: (s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29d. Date signed (Month, Day, Year)

assisted Living

Trimble Hill CT. Lutherville, Maryland

This philitello, MD
31. Date filed (Month, Day, Year) 32. Registrar's Signature

OCT 0 4 2006

**ORIGINAL** 

		1 - For State Registrar	State of Marylan	d / Depa <i>Cer</i>	ırtmer <i>tifica</i> :	nt of H te of L	ealth a Death	nd Me		gien <b>2</b> () () (	6 31425	
Physic /Medi		1. Decedent's Name (First, Middle, Last)  And C	Frogg	The same					2. Date of Dea Month	Day 25 Y	ear C:51 P M	
Exami Funeral	ner	4a. Facility Name (If not institution, give s  University of Mary  5. Social Security Number  217-76-7066		Center last birthday) Yrs.		Bal-	Il Under 2 Hours	re,	8. Date of Birth (Month, Day	4c. County of N/		
Director wow	٥	Usual Residence of Decedent  10a. State  10b. County	40	y, Town or Lo					11 0	. 1331	10d. Inside City Limits 1 □ Yes 2 □ No	
th with the N 23a or 28e-f	by Funeral Director	MD. N/A  10e. Street and Number  501 N. DOLPHIN S	T. APT 1010	DALITE		2121	L 7			10g. Citizen of Wh		
72 hours after death with the Maryland 72 hours after death with the Maryland natural, or iteme 23a or 28e-1 show dical Examinar must be notified at	by Funer	11. Marital Status  1   Never Married 2   Married  3   Widowed 4   Divorced	2. Was Decedent Ever in U Armed Forces? 1 ∐Yes 2 ANo If Yes, Give Year or Dates:	I	Was Dece I Yes, spe I □ Yes	cify Cuba	spanic Orig n, Mexican Specify:	gin? (Spec , Puerto R	cify Yes or No- lican, etc.)	Black,	American Indian, White, etc. BLACK	
Marylatin ZIZIS-00000 nd 2 should be filed within 72 hours aft th and Mental Hygiene. 27 is marked other then "natural", or r traumatic event, the Medical Exami	Completed	15. Decedent's Educ (Specify only highest grade Elementary/Secondary (0-12) -12-		life. l	kind of w	ork done d ise retired	lurina most	of workin	g	16b. Kind of Busin	ness/Industry  COMPANY	
ABLY ISTOCATION OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET	To Be C	17. Father's Name (First, Middle, Last) DAVID FROGG			FA	ITH W	ILSON	Maiden Sumame)				
Deficilitions, Index yields ATATIONOSO permit. Pages 1 and 2 should be filed within 72 hours atter death with the Marylan Depertment of Health and Mental Hygiene. Important: If item 27 is marked other then "natural; or iteme 23s or 28e-f ehow injury or other traumatic event, the Medical Examination and other pages.		19a. Informant's Name/Relationship (Type SHEILA MAYO (SIST 20a. Method of Disposition 1 □ Burial 2 🖾 Commation 3 □ Rt 4 □ Donation 5 □ Other (Specify) 21. Signatur of Fineral Service Licenses	ER)  amoval from State	Place of Dispo cemetery, crem	203 sition (Na natory or	GWYNI ime of other place	N OAK	AVE.	BALTI	IMORE, MARYLAND 21207  20c. Location - City or Town, State  BALTIMORE, MARYLAND  FUNERAL HOME, P.A.		
death certificate be executed with a settlending physicien and and dor use as the burial-transit	dical Examiner	23a. Part1. Enfer the disease, or complishock, of heart failure. List only on Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to the diate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	Backeren  Due to (or as a consecutive to (or as a consecutive to (or as a consecutive to (or as a consecutive to (or as a consecutive to (or as a consecutive to (or as a consecutive to (or as a consecutive to (or as a consecutive to (or as a consecutive to (or as a consecutive to (or as a consecutive to (or as a consecutive to (or as a consecutive to (or as a consecutive to (or as a consecutive to (or as a consecutive to (or as a consecutive to (or as a consecutive to (or as a consecutive to (or as a consecutive to (or as a consecutive to (or as a consecutive to (or as a consecutive to (or as a consecutive to (or as a consecutive to (or as a consecutive to (or as a consecutive to (or as a consecutive to (or as a consecutive to (or as a consecutive to (or as a consecutive to (or as a consecutive to (or as a consecutive to (or as a consecutive to (or as a consecutive to (or as a consecutive to (or as a consecutive to (or as a consecutive to (or as a consecutive to (or as a consecutive to (or as a consecutive to (or as a consecutive to (or as a consecutive to (or as a consecutive to (or as a consecutive to (or as a consecutive to (or as a consecutive to (or as a consecutive to (or as a consecutive to (or as a consecutive to (or as a consecutive to (or as a consecutive to (or as a consecutive to (or as a consecutive to (or as a consecutive to (or as a consecutive to (or as a consecutive to (or as a consecutive to (or as a consecutive to (or as a consecutive to (or as a consecutive to (or as a consecutive to (or as a consecutive to (or as a consecutive to (or as a consecutive to (or as a consecutive to (or as a consecutive to (or as a consecutive to (or as a consecutive to (or as a consecutive to (or as a consecutive to (or a))).	in. Do not ent	721- er the mo						MARYLAND 2121 Approximate Interval Between Onset and Death	
he death certifi the ettending thed for use as	Physician/Mec	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 □ Yes 2 □ No 9 □ Unknown		□Ectopic pregnancy □ Other (specify)					23d. Date of delivery Month Day Year			
<b>_</b>	Ď	Part II. Other significant conditions con	tributing to death but not res	sulting in the u	nderlying	cause give	en in Part I.		23e. Did to	_/	ute to the cause of death?	
	e Completed								1 Yes	osy pri- rmed de: 2 V No 1	ere autopsy findings available or to completion of cause of ath? Yes 2 \( \square\) No	
ling After	To B	25. Was case referred medical examiner?  1 Yes 2 No  27. Manner of Death  1 Natural 5 Pending 2 Accident investigation	ospital: 1 Inpatient 2 28a. Date of Injury (Month, Day Year)	ER/Outpatier 28b. Time of Injury		28c. Injun Worl	er: 4□ Nu	rsing Hom		dence 6 Other		
LIVISION Ital or Attending rs after death. ref Director: Alter led in by the fune	Certification:	3 Suicide 6 Could not be determined	28e. Place of Injury - At h building, etc. (Speci	ome, farm, str	eet, facto	ry, office		2	8f. Location (8 City or Tov		or Rural Route Number,	
To the Hospital or At within 24 hours after of to the Funered Direct completely filled in by	Medical		sician: To the best of my knoter: On the basis of examination and manner stated.		vestigatio	n, in my o		th occurre	d at the time,		d due to the cause(s)	
5 1 2 5	_	30. Name and address of person who co	mpleted cause of death (te-	D 23a) (Tuas	a		643		1398	9, 2	5,06	
S' Regis	tate trar	31. Date filed (Month, Day, Year)	S 22.	S. Gre		St_	Bal	timo	re m	0 3130	0)	

DHMH 17 Rev 1/2001

	•	1	1 - For State Ragistrar	State of Maryland	/ Depa	artmen rtificate	t of H e of L	ealth a Death	ind M		Reg. No.	06	31426
	Physici /Medio	al	1. Decedent's Name (First, Middle, Las	FEASTER						2. Date of Dea	ER Day 28	2006	3. Time of Death  10.00P M
	Examin	er		OSPITAL CENTEL			DALL	STO W	$\sim$	9 Date of Riv	BA		ORE
	Funeral Director		216-94-4496 1 Usual Residence of Decedent	ex M 2□F 7. Age (In yrs. last 39	, ,	Months	Days	Hours	Min.	8. Date of Birt 1/15/	1967	9. Birth	place (State or Foreign htry: Mary Land
	Maryland a-f ehow	ctor	10a. State 10b. County  MD n/a	10c. City, T Bal	own or Lo								10d. Inside City Limits 1 XYes 2 ☐ No
	ith with the 23a or 28	ai Dire	10e. Street and Number 1410 North Pot	omac Street		10f. Zip	Code 2121	3			10g. Citizen o	f What Cou SA	ntry?
980	ours after des iral", or iteme L'Exeminar m	Completed by Funeral Director	11. Marital Status  1 Never Married 2 Married  3 Widowed 4 Divorced	12. Was Decedent Ever in U.S. Armed Forces? 1 ☐ Yes 2 XNo If Yes, Give Year or Dates:	1	Was Deced If Yes, spec 1 ☐ Yes		spanic Origin, Mexican Specify:	in? (Spe , Puerto I	cify Yes or No- Rican, etc.)		ace - Americack, White, ify AME 1	
Maryland 21215-0036	filed within 72 hours after death with the Maryland Hygiene. ther then "natural", or iteme 23a or 28a-f ehow ent, the Medical Examir at must be notified at	ompleted	15. Decedent's Education (Specify only highest grade completed)  Elementary/Secondary (0-12) 12th  15. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired)  Animal Warden								Balto Dep		y Health
yland	ould be file Mental Hyg arked other atic event,	To Be C	17. Father's Name (First, Middle, Last) Hurbert Feaste	r				Nan	cy N	(First, Middle. 1eans			
Baltimore, Mar	permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylan Depertment of Health and Mental Hygiene. Important: If Item 27 le marked other then "natural", or iteme 23a or 28a-f ehow any Injury or other treumatic event, the Medical Examinat must be notified at 80nce.		19a. Informant's Name/Relationship (Company)  Gwen Feaster-Br  20a. Method of Disposition  1 □ Burial 2 □ Cremation 3 □  4 □ Donation 5 □ Other (Specific	axton/Sister    Axton/Sister   20b. Place   20m.   Place   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.   20m.	3702 e of Dispo etery, cren		NES ne of ther place	Poin	t Ro			S t O W T	own, State
Baltin	permit. F Depertme Importar any Injur		21. Signatur Friteral Service Cicor		92	2. Name an	d Addres	s of Facility	Wy:	lie F/ , Rand	H P.A allst	. of	Balto. Co MD 21133
:8760, rej	To the Hospitel or Attending Physician: The law requires that the death certificate be executed within 24 hours after death.  To the Funeral Director: After this certificate has been signed by the attending physicien and position of the funeral director, page 2 should be detached for use as the burial-transit of the funeral director.	dical Examiner	23a. Part Enter the disease, or come shock, or heart failure. List only immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	b.  Due to (or as a consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent	(SIS) ce of): (ON) ce of):		e of dying	g, such as	cardiac o	respiratory ar	rest,		Approximate Interval Between Onset and Death
P.O. Box 6	res that the death certific igned by the attending p be detached for use as	Physician/Med	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 □ Yes 2 □ No 9 □ Unknown	23c. If yes, outcome of pregnancy 1 ☐ Live birth 2 ☐ Fetal de 4 ☐ Pregnant at time of death 9 ☐ Unknown	ath 3 □	Ectopic pro						ate of deliver	ery Day Year
rds, P	w requires that been signed b should be deta	by		ontributing to death but not resulting	ig in the ur	nderlying ca	ause give	n in Part I.			obacco use co ′es 2 □ No	ntribute to t	he cause of death?
al Reco	vician: The law re certificete has bev rector, page 2 sho	Completed	HYPERTENSION				-			24a. Was autop perio 1 ☐ Yes		Were auto prior to co death? 1 Yes	opsy findings available impletion of cause of
ř Zit	Physician: The lithis certificate har all director, page	To Be	25. Was case referred to medical examiner?  1 □ Yes 2 No	Hospital: 1 ⊿Inpatient 2 ☐ ER	/Outpatien	nt 3□ DO	A Othe	F-		Check only o		ther (Speci	(y)
Division of Vital Records,	To the Hospitel or Attending Pi within 24 hours after death. To the Funeral Director: After ti completely filled in by the funera	Certification;	27. Manner of Death  1 Natural 5 Pending investigation  3 Suicide 6 Could not be determined	(Month, Day Year)  28e. Place of Injury - At home	b. Time of Injury	М		at ? ′es 2 □ N	10		ireet and Nun		al Route Number,
ā	To the Hospitel or Attent within 24 hours after death To the Funeral Director: completely filled in by the		29a. Certifier 1 Certifying Ph	building, etc. (Specify)  ysician: To the best of my knowle niner: On the basis of examination	dge, death	n occurred a	at the tim	e, date and	d place, a	City or Tow	cause(s) and n	nanner as s	stated.
	To the b within 2. To the f complete	Medical	29b. Signature and the of certifier	and manner stated.		290	License	number	33	5	29d. Date sign	ed (Month,	Day, Year)
_	\		30. Name and address of person who AVVERALALLI	completed cause of death (Item 23	а) (Туре,	Print) N 1 5 4	OPTH 01	OLD	Cou	HOSPA	AP.	WDS	7ER 21133 ,
	Sta Registr		31. Date filed (Month, Day, Year)  OCT 0 4 2006	32. Registrar's Signature	Spark	w							

# Please Type or Print in Black Indelible Ink. Ensure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygien 2006 Certificate of Death

31427

1-	For State Registrar
!-	Registrar

			Registrar  1. Decedent's Name (First, Middle, Las	st)		tificate of Di		2. Date of Death	<b>g. No.</b>	3. Time of Death			
	Physicia		Kenneth	W. G	reb			Month Sep.	28 2006 1:50 A M				
	/Medic Examin		4a. Facility Name (If not institution, give		ICD	4b. City, Town, or Lo	ocation of Death	•	4c. County of Death				
			4 Seabrook Court			Montgomer	y Villag	ge	Montgomery				
	Funeral	-	5. Social Security Number 6. S	Sex 7. Age (	In yrs. last birthday)		f Under 24 Hrs. Hours Min.	8. Date of Birth (Month, Day,	Year) 9. Birth	nplace (State or Foreign intry)			
	Director		501-20-6638	I⊠M 2□F	77 Yrs.	Months Odys		Jan. 23	, 1929	ND			
	B *		Usual Residence of Decedenl  10a. State 10b. County	1	0c. City, Town or Loc	cation				10d. Inside City Limits			
	aho,	ក			•					1 ☑Yes 2 ☐ No			
	the N	ect	MD Montgome  10e. Street and Number	ry	Montgomer	y VIIIage		10	og. Citizen of What Co	intry?			
	with		4 Seabrook Court			20886			USA				
	ne 23	era	11. Marital Status	12. Was Decedent Ev	er in U.S. 13. V	Vas Decedent of Hisp Yes, specify Cuban,	anic Origin? (Spe	ecify Yes or No-	14. Race - Amer	ican Indian,			
0	riter	by Funeral Director	1 Never Married 2 Married	Armed Forces? 1 K Yes 2 □ No	1951-			Rican, etc.)	Black, White				
3	ours a		3 ☑ Widowed 4 ☐ Divorced	If Yes, Give Year or Dates:	1953	☐ Yes 2基 No	Sреспу:		Specify: Wh	116			
213-0036	72 h	Completed	15. Decedent's Ed (Specify only highest gra	ducation ade com <i>pleted)</i>	(Give	enl's Usual Occupation	on ing most of worki	ng 1	6b. Kind of Business/I	ndustry			
7	Athin hen hen	mpi	Elementary/Secondary (0-12)	College (1-4or 5+)		OO NOT use retired)			<b>.</b>				
77	lied v lygie her ti		17. Father's Name (First, Middle, Last)	4	Pate	nt Agent	R Mother's Name	(First, Middle, M	Patenting				
yland	ntal hed of order	Be				"							
Ž	hould d Me mark matic	မ	Walter Frederick  19a. Informant's Name/Relationship (		19b Mailin	n Address (Street and		. Kaukal	_C. City or Town, State, Z	in Code)			
Z Z	treur	hi	Stephanie Wethje			prook Ct.,				20886			
ē,	r Healten		20a. Method of Disposition			sition (Name of natory or other place)			Oc. Location - City or				
Ē	Page: ent o nt: If ry or		1   Burial 2 □ Cremation 3 □ 4 □ Donation 5 □ Other (Specification)	Tremoval from State		Cemetery	10-5-	-06	Homer, NY				
saitimore,	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Department of Health and Mental Hygiene. Department of Health and Mental Hygiene. The proportent: If Item 27 is marked other then "natural; or Items 23s or 28s-f show any injury or other treumatic event, Ite Medical Exaction must be notified at once.		21. Signature of Funeral Service Licen	1see					Barber Fur	neral Home			
מ	Depa Impo any in		Sture El	boddell	50	)16 N. Mai	n Street	, Homer,	NY 13077	7			
			23a. Part1. Enter the disease, or conshock, or heart failure. List only	plications that caused the	e death. Do not ente	er the mode of dying,	such as cardiac o	or respiratory arre	st,	Approximate Interval Between			
	Physician		Immediale Cause (Final disease or condition			ic Late				Onset and Death			
	/Medical Examiner		resulting in death)	Due to (or as a									
	Lxammer	_	Sequentially list conditions,	b	and the second				<i>j</i> *				
	ed sit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	Due to (or as a t	oriseque los of).								
_	w requires that the death certificate be executed been signed by the ettending physician and should be detached for use as the burial-transit	xan	that initiated events resulting in death) Last	c Due to (or as a	consequence of):								
08/00	siciar siciar s buri	Sai		d									
ĝ	ificate g phy as the	n/Medicai											
ŏ	andin use		IF FEMALE: 23b. Was decedent pregnant	23c. If yes, outcome of	pregnancy	Ectopic pregnancy			23d. Date of deli	very			
מ	death le etten ed for u	Physicia	in the past 12 months?	1□Live birth 2 4□Pregnant at tir 9□Unknown		Other (specify)			Month	Day Year			
5	at the by th	hys	9 ☐ Unknown					3					
	requires that een signed b hould be deta	by F	Part II. Other significant conditions of	contributing to death but	not resulling in the ur	nderlying cause given	in Part I.		acco use contribute to				
ń	sen s	ted						1 ☐ Ye		obably 4 Unknown			
oras,	G 2 C	Completed						24a. Was ar autopsy perform	24b. Were au	topsy findings available ompletion of cause of			
tecords,	The The page	=	1					1 Yes 2		2□ No			
Ï	0 .								)				
Ï	ician: Th certificete rector, pag	Be	25. Was case referred to medical examiner?	Hospital:		Othor	6. Place of Death						
Ï	ysician s certifi director	To Be	examiner? 1 ☐ Yes 2 Ø No	L.,,	2 ER/Outpatien	t 3 DOA Other:	4 Nursing Ho	me 5 Reside	nce 6 Other (Spec	afy)			
or vital H	ding Physician h. After this certifi funeral director	To Be	examiner? 1  Yes 2 No  27. Manner of Death 1 Matural 5 Pending	28a. Dale of Injury (Month, Day )	28b. Time of	t 3 DOA Other: 28c. Injury a Work?	4 Nursing Ho			eify)			
ion of Vital H	anding Physician ath. vr: After this certifi ne funeral director	To Be	examiner?  1 Yes 2 No  27. Manner of Death  1 Natural 5 Pending  2 Accident investigation  3 Suicide 6 Could not be	28a. Dale of Injury (Month, Day )	28b. Time of Injury	t 3 DOA Other:  28c. Injury a Work?  M 1 Ye	4 ☐ Nursing Ho t s 2 ☐ No	me 5 Reside 28d. Describe ho	w injury occurred				
ion of Vital H	anding Physician ath. vr: After this certifi ne funeral director	To Be	examiner?  1 Yes 2 No  27. Manner of Death  1 Watural 5 Pending 2 Accident investigation	28a. Dale of Injury (Month, Day )	28b. Time of Injury	t 3 DOA Other:  28c. Injury a Work?  M 1 Ye	4 ☐ Nursing Ho t s 2 ☐ No	me 5 Reside 28d. Describe ho	w injury occurred				
ion of Vital H	anding Physician ath. vr: After this certifi ne funeral director	Certification: To Be	examiner?  1 Yes 2 No  27. Manner of Death  1 Actural 5 Pending  2 Accident investigation  3 Suicide 6 Could not be determined  29a. Certifier 1 Certifying Prince	28a. Dale of Injury (Month, Day )  28e. Place of Injury building, etc.	28b. Time of Injury  - At home, farm, stri (Specify)  my knowledge, death	t 3 DOA Other:  28c. Injury a Work?  M 1 Ye eet, factory, office	4 Nursing Ho t s 2 No	me 5 Reside 28d. Describe ho 28f. Location (Str. City or Town	w injury occurred  reet and Number or Ru State)  use(s) and manner as	ral Route Number,			
ion of Vital H	anding Physician ath. vr: After this certifi ne funeral director	edical Certification; To Be	examiner?  1 Yes 2 No  27. Manner of Death  1 Natural 5 Pending investigation  3 Suicide 6 Could not be determined  29a. Certifier 1 Certifying Pr (Check only 2 Medical Exar	28a. Dale of Injury (Month, Day')  28e. Place of Injury building, elc.  hysician: To the best of miner: On the basis of earn and manner state	/ear) 28b. Time of Injury / - At home, farm, stri (Specify)  my knowledge, death xamination and/or invid.	t 3 DOA Other:  28c. Injury a Work?  M 1 Ye eet, factory, office	4 Nursing Ho t s 2 No date and place, iion, death occurr	me 5 Reside 28d. Describe ho 28f. Location (Str. City or Town and due to the ca ed at the time, da	w injury occurred  reet and Number or Ru State)  use(s) and manner as te and place, and due	ral Route Number, stated. to the cause(s)			
ion of Vital H	ding Physician h. After this certifi funeral director	Certification: To Be	examiner?  1 Yes 2 No  27. Manner of Death  1 Natural 5 Pending investigation  3 Suicide 6 Could not be determined  29a. Certifier 1 Certifying Pr (Check only 2 Medical Exar	28a. Dale of Injury (Month, Day')  28e. Place of Injury building, elc.  hysician: To the best of miner: On the basis of earn and manner state	/ear) 28b. Time of Injury / - At home, farm, stri (Specify)  my knowledge, death xamination and/or invid.	t 3 DOA Other:  28c. Injury a Work?  M 1 Ye eet, factory, office	4 Nursing Ho t s 2 No date and place, iion, death occurr	me 5 Reside 28d. Describe ho 28f. Location (Str. City or Town and due to the ca ed at the time, da	w injury occurred  reet and Number or Ru State)  use(s) and manner as te and place, and due	ral Route Number, stated. to the cause(s)			
ion of Vital H	To the Hospital or Attending Physician within 24 hours slief death.  To the Funeral Director: After this certificompletely filled in by the funeral director.	edical Certification; To Be	examiner?  1 Yes 2 No  27. Manner of Death  1 Natural 5 Pending investigation  3 Suicide 6 Could not be determined  29a. Certifier 1 Certifying Pr (Check only 2 Medical Exar	28a. Dale of Injury (Month, Day')  28e. Place of Injury building, elc.  hysician: To the best of miner: On the basis of earn and manner state	/ear) 28b. Time of Injury / - At home, farm, stri (Specify)  my knowledge, death xamination and/or invid.	t 3 DOA Other:  28c. Injury a Work?  M 1 Ye eet, factory, office	4 Nursing Ho t s 2 No date and place, iion, death occurr	me 5 Reside 28d. Describe ho 28f. Location (Str. City or Town and due to the ca ed at the time, da	w injury occurred  reet and Number or Ru State)  use(s) and manner as te and place, and due	ral Route Number, stated. to the cause(s)			
ion of Vital H	anding Physician ath. vr: After this certifi ne funeral director	edical Certification; To Be	examiner?  1 Yes 2 No  27. Manner of Death  1 Natural 5 Pending investigation  3 Suicide 6 Could not be determined  29a. Certifier 1 Certifying Pr (Check only 2 Medical Exar	28a. Dale of Injury (Month, Day')  28e. Place of Injury building, elc.  hysician: To the best of miner: On the basis of earn and manner state	/ear) 28b. Time of Injury / - At home, farm, stri (Specify)  my knowledge, death xamination and/or invid.	t 3 DOA Other:  28c. Injury a Work?  M 1 Ye eet, factory, office	4 Nursing Ho t s 2 No date and place, iion, death occurr	me 5 Reside 28d. Describe ho 28f. Location (Str. City or Town and due to the ca ed at the time, da	w injury occurred  reet and Number or Ru State)  use(s) and manner as te and place, and due	ral Route Number, stated. to the cause(s)			
ion of Vital H	To the Hospital or Attending Physician within 24 hours slief death.  To the Funeral Director: After this certificompletely filled in by the funeral director.	Medical Certification; To Be	examiner?  1 Yes 2 No  27. Manner of Death  1 Natural 5 Pending investigation  3 Suicide 6 Could not be determined  29a. Certifier 1 Certifying Pr (Check only 2 Medical Exar	28a. Dale of Injury (Month, Day')  28e. Place of Injury building, elc.  hysician: To the best of miner: On the basis of earn and manner state	/ear) 28b. Time of Injury / - At home, farm, stri (Specify)  my knowledge, death xamination and/or invid.	t 3 DOA Other:  28c. Injury a Work?  M 1 Ye eet, factory, office	4 Nursing Ho t s 2 No date and place, iion, death occurr	me 5 Reside 28d. Describe ho 28f. Location (Str. City or Town and due to the ca ed at the time, da	w injury occurred  reet and Number or Ru State)  use(s) and manner as te and place, and due	ral Route Number,			

Patrick Glover 06-07348

Please Type or Print in Black Indelible Ink

**UNK UNK** State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. Registra Decedent's Name (First, Middle,Last) Physician/ 2. Date of Death Month Day Y September 30, 2006 0135 hrs **Medical Examiner** 4b. City, Town, or Location of Death 4a. Facility Name (if not institution, give street and number 4c. County of Death 2008 Belair Road Baltimore 5. Social Security Number 6. Sex 7. Age (In yrs, last birthday If Under 1 Year If Under 24Hrs 8. Date of Birth (MM/DD/YYYY) 9. Birthplace (State or **Funeral** Months Days Hours Min Directo 1 1 M 2 Country) 213-86-9970 Usual Residence of Decedent 10b. County 10a. State 10c. City, Town or Location 10d Inside City Limits 1 2 Yes 2 No or 28a-f show is 23a or 28a-f shov se notified at once. Pages I and 2 should be filed within 72 hours after death with the Maryland nent of Health and Mental Hygiene.

ant: If item 27 is marked other than "natural", or items 23a or 28a-f she or other traumatic event, the Diedical Examiner must be notified at once. 10e. Street and Number 10g. Citizen of What Country ā 2026 E. Baltimore St. 91931 Funeral 11. Marital Status 12. Was Decedent Ever in U.S 13. Was Decedent of Hispanic Origin? ( Specify Yes or No. 14. Race - American Indian, Black Armed Forces' If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 LNever Married 2 Married Yes If Yes, Give Year Yes 2 No specify: Widowed Divorced Specify: ₫ 15. Decedent's Education (Specify only highest grade completed) Decedent's Usual Occupation (Give kind of work done 16b. Kind of Business/Industr Completed during most of working life. DO NOT use retired) College (1-4 or 5+) Elementary/Secondary (0-12) Baltimore, MD 21215-0036 17. Father's Name (First, Middle, Last) 18.Mother's Name (First, Middle, Be Arthur 7940/c 19a. Informant's Name/Relation Ru I Route Number, City or T n, State, Zip Code) (Street and Number or 21231 Department of Health at Important: If item 27 injury or other traums 20a. Method of Disposition

1 Deurial 2 Cre 20b. Place of Disposition (Name of cemetery 20c. Location - City or Town, State crematory or other place) Cremation 3 Removal from State 10/6/2006 Far Other Specify on 5 Corner gnature of Funeral Service 22. Name and Address of F Patricia Betts 21031 (per DVR) H's Funeral 1129 N. Caroline St. Home I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart Approximate Interval **Physician** filure. List only one cause on each line Between Onset and /Medical Death Head injuries Immediate Cause (Final disease ≒xaminer or condition resulting in death) Due to (or as a consequence of): Sequentially list conditions Examiner if any, leading to immediate Due to (or as a consequence of) cause Enter Underlying Cause (Disease or Injury that Initiated Due to (or as a consequence of): events resulting in death) Last pue Physician/Medical X AMENDED #23a,27,28a-f,perME,g861,11/14/06 TT item#10e,20b,21,per Fh, G860, 10/4/06 GS ending physician a use as the burial -X UNPENDED Box 68760, IF FEMALE 23c If yes, outcome of pregnancy 23d Date of delivery 23b. Was decedent pregnant in the Live birth Fetal death 3 Ectopic pregnancy Year 2 past 12 months? Pregnant at time of death 5 Other (Specify) 1 Yes 2 No 9 Unknown Q. Unknown Division of Vital Records, P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I 23e Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Completed 24a Was an 24b. Were autopsy findings available autopsy prior to completion of cause of performed? death? certificate 1 🗸 Yes ✓ Yes 2 No 2 No To the Hospital or Attending Physician: 25 Was case referred to medica 26.Place of Death (Check only one) Be examiner? Hospital: 1 Other₄ Inpatient 2 ER/Outpatient 3 DOA Nursing Home 5 Residence 6 🗸 Other: Scene After this 1 Yes 2 No 28a. Date of Injury (Month, Day, Year) 28d. Describe how injury occurred . Manner of Death 28b. Time of Injury 28c. Injury at Work? 1 Natural Yes 2 No Pending Fnd 9/30/2006 Fnd 1:25 am unknown 2 Accident Investigation 28e. Place of Injury - At home, farm, street, factory, office building, etc 28f. Location (Street and Number or Rural Route Number, City or Town, State) 2008 Belair Road Baltimore, MD 3 X Could not be Suicide determined (Specify) other-scene Balt<u>imore</u> 4 Homicide 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as started within 2 To the 1 2 Wedical Examiner:On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated 29b. Signature and title of certifier 29c License numbe 29d. Date signed (Month, Day, Year) O.C.M.E September 30, 2006 17 period 30. Name and address of person who completed cause of death (Item 23a) Zabiullah Ali, M.D. Assistant Medical Examiner 111 Penn Street, Baltimore, MD 21201 31. Date filed (Month, Day, Year, 32. Refistrar's Signature State 4 2006 Registrar

State of Maryland / Department of Health and Mental Hygienz 006 Certificate of Death Reg. No 2. Date of Death 3. Time of Death Decedent's Name (First, Middle, Last) Month Day Year September 22, 2006 **Physician** 10:15 PM Allen /Medical 4c. County of Death 4b. City. Town, or Location of Death 4a. Facility Name (If not institution, give street and number) Examiner Frederick 2567 Bear Den Road Frederick 8. Date of Birth (Month, Day, Jan. 6, 6. Sex 14 M 2 ☐ F If Under 1 Year If Under 24 Hrs. 5. Social Security Number 7. Age (In vrs. last birthday) 9. Birthplace (State or Foreign **Funeral** Months Days Hours Min. Michigan 381-26-7124 75 Yrs Director Usual Residence of Decedent with the Maryland 10b. County 10d. Inside City Limits 10c. City, Town or Location 10a. State 7 is marked other than "natural", or Itema 23a or 28a-f show traumatic event, the Medical Exacts as inval to notified at 1 XYes 2 No Director Virginia Norfolk 10g. Citizen of What Country? 10e. Street and Number 10f. Zip Code 23509 U.S.A. 168 Orleans Circle death v 12. Was Decedent Ever in U.S. Armed Forces? 1 Mayes 2 □ No 1949 If Yes, Give Year or Dates: 1971 14. Race - American Indian. 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status Black, White, etc. e filed within 72 hours after al Hygiene. 1 Never Married 2 Married Baltimore, Maryland 21215-0036 1 ☐ Yes 2 No Specify: þ 3 X Widowed 4 ☐ Divorced White 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) Elementary/Secondary (0-12) College (1-4or 5+) Chief Boatswain's Mate U.S. Navv 18. Mother's Name (First, Middle, Maiden Sumame) 17. Father's Name (First, Middle, Last) permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: if Itam 27 is marked othing only injury or other traumatic event 2008. Dominic Grosso Ruth Yagel 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2567 Bear Den Rd., Frederick, MD 21701 Debbie G. Klouser (Daughter) 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 20a. Method of Disposition 1 X Burial 2 ☐ Cremation 3 ☐ Removal from State 9/29/06 Norfolk, VA St. Marys Cemetery 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee H.D. Oliver Funeral Apartments Holmun ennes 1501 Colonial Ave., Norfolk, VA 23517 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) Metastatic Bladder Cancer (small cell) Years Physician /Medical Due to (or as a consequence of): Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to for as a consequence of Examiner The law requires that the death certificate be executed signed by the attending physician and be detached for use as the burial-transit Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760 Physician/Medical use as 23c. If yes, outcome of pregnancy 1 ☐ Live birth 2 ☐ Fetal dea 23d. Date of delivery 23b. Was decedent pregnant 2 Fetal death 3 Ectopic pregnancy in the past 12 months? Month Day 4 Pregnant at time of death 5 Other (specify) ☐Yes 2☐No 9 Unknown 9 Unknown 23e. Did tobacco use contribute to the cause of deatb? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Completed by Unknown 1 Yes 2 No 3 Probably 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an page 2 has autopsy performed? Yes 2 No certificate 2 🗆 No 1 🗌 Yes 1 Yes the Hospital or Attending Physician: funeral director, 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specific estidence Hospital: 1 ☐ Yes 2 📉 No 1 Inpatient 2 ER/Outpatient 3 DOA this 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Certification: After 1 X Natural 5 Pending investigation within 24 hours after death.
To the Funaral Director: Al 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 1 🛣 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29a. Certifier Medical 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29d. Date signed (Month, Day, Year) 29c. License number 29b. Signature and title of certified who completed cause of death (Item 23a) (Type, Print) DELINSWICE 31. Date filed (Month Registrar's Signature State DOM. Registrar

State of Maryland / Department of Health and Mental Hygiene 0 0 5 1 - For State Registrar Certificate of Death 2. Date of Death 1. Decedent's Name (First, Middle, Last) 3. Time of Death Month O bev **Physician** 3.20P GROSS -ATHERING 2006 /Medical 4a. Facility Name (If not institution, give street and number) 4c. County of Death 4b. City, Town, or Location of Death Examiner Baltimore Hospital O.F DA Himan If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) If Under 1 Year Birthplace (State or Foreign Country) **Funeral** Days 1 □ M 2 KF Months 83 217-12-8675 Director Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits oriant: if item 27 is marked other than "natural", or items 23a or 28a-1 show injury or other traumatic event, the Medical Examinar must be notified at 1XYes 2 □ No Funeral Director MN 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 5404 Clover R 21715 12. Was Decedent Ever in U.S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11. Marital Status filed within 72 hours after 1 ☐ Yes 2 No If Yes, Give Year or Dates: 1 Never Married 2 Married Baltimore, Maryland 21215-0036 1 Yes 2 No δ 3 Widowed 4 □ Divorced Black Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 10th Home maker Domestic permit. Pages 1 and 2 should be file.
Department of Health and Mental Hyg Important: If tiers 27 is marked other any injury or other traumericant. 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Grace Hlexander 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Baltimore hasiyn Gras. 20a. Method of Disposition Bugner 20b. Place of Disposition (Name of cemetery, crematory or other place) Date 20c. Location - City or Town, State 1 Burial 2 Cremation 3 Removal from State 5/2006 4 □ Donation 5 □ Other (Specify) 22. Name and Address of Facility Volument Chreene funeral 8725 Liberty Rd 21. Signature of Funeral Service Licensee Treene Approximate Interval Between Onset and Death 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest shock, or heart failure. List only one cause on each line. Immediate Cause (Final disease or condition resulting in death) **Physician** /Medical Due to (or as a consequence of) Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of) Examine attending physicien and for use as the burial-transit Due to (or as a consequence of) Division of Vital Records, P.O. Box 68760, Physician/Medical sate has been signed by the attending physipage 2 should be detached for use as the IF FEMALE: If yes, outcome of pregnancy 1□Live birth 2□Fetal death 23d. Date of delivery 23b. Was decedent pregnant 3 Ectopic pregnancy in the past 12 months? 1 ☐ Yes 2 ☑ No Month Day Year 4☐Pregnant at time of death 5 ☐ Other (specify) 9□ Unknown 9 Unknown Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? ģ 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Completed 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performe After this certificate 1 Yes 2 No 2 No the funeral director, 25. Was case referred to medical examiner? Certification: To Be 26. Place of Death (Check only one) 1 ☐ Yes 2 ☐ No Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 2 ER/Outpatient 3 □ DOA 28b. Time of Injury 27. Manne of Death 28a. Date of Injury (Month, Day Year) 28d. Describe how injury occurred 1 Natural 5 Pending within 24 hours after death.

To the Funerel Director: Af 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be determined 3 ☐ Suicide Place of Injury - At home, farm, street, factory, office building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide To the Hospital 1 Cortifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29a. Certifier 29b. Signature and title of certifier 29d. Date signed (Month, Day, Year) DOO21730 2006 (ami 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) IARIR KHAN MAD 32. Registrar's Signature 31. Date filed (Month, Day, Year) State Registrar OCT 0 4 2006

			1 - For Amend items:	State of Ma 10e-f, perFH, (	aryland <b>3860, 1</b> 0	/ Depa / <b>4/06</b> /	artment of F	lealth ar <i>Death</i>	nd Mer	ntal Hygie	2006	31431	
П			1. Decedent's Name (First, Middle,						2.	Date of Death		3. Time of Death	
	Physici /Medio		MERLE		STEEN	ISFR	6		SEF	TEMBER	Day 30, 20	06 7:10 AM	
	Examin		4a. Facility Name (If not institution, Saint Josep	give street and number) h Medical	Cent	er	4b. City, Town, o		Death WSOT	1	4c. County of De	^{ath} ltimore	
	Funeral Director		5. Social Security Number 213-36-9941	6. Sex 7. Age 1 □ M 2 🕅 F	e (In yrs. last 67	birthday) Yrs.	If Under 1 Year Months Days	If Under 24 Hours		Date of Birth Month Day 3/23/193	9. B	irthplace (State or Foreign Country) MD	
	and **		Usual Residence of Decedent  10a. State 10b. County		10c. City, T	own or Lo	cation					10d. Inside City Limits	
	Maryl f eho	ro	MD BAL	TIMORE		BALT	IMORE					1 □Yes 2 No	
	n the	Funeral Director	10e. Street and Number		L		10f. Zip Code			10g.	Citizen of What C	Country?	
	th with	alD	1 GRISTMILL COU	JRT #503 <del> B</del>	<del>ALTIMO</del>	RE,	MD 21208				U.S.	Α.	
	or dea	ner	11. Marital Status	12. Was Decedent E Armed Forces?		13. \	Was Decedent of H f Yes, specify Cuba	lispanic Origin an, Mexican, F	n? (Specify Puerto Ric	y Yes or No- an, etc.)	14. Race - An Black, Wh		
36	be filed within 72 hours after death with the Maryland tal Hyglene. d other then "natural", or iteme 23a or 28a-f ehow event, the Medical Examiner must be notified at	by Fi	1 ☐ Never Married 2 ☐ Marrie 3 ☐ Widowed 4 🕅 Divorced	ed 1 □ Yes 2 1 N If Yes, Give Year or Dates:	No.		1 □ Yes 2 🎇 No	Specify:			Specify:	WHITE	
21215-0036	2 hou	ted	15. Decedent's	s Education	1	6a. Deced	dent's Usual Occup	ation		16b	. Kind of Busines	s/industry	
2	ithin 7 19. Med "n	Completed	(Specify only highest Elementary/Secondary (0-12) 12	College (1-4or 5	i+)	life. I	kind of work done of DO NOT use retired	during most of d)	r working			-	
7	iled w tygier ther th		17. Father's Name (First, Middle, L	acti		AUDI	TUK	19 Mother's	Namo (F	irst, Middle, Maid	COUNTING	<u> </u>	
Maryland	Id be 1	To Be	SAMUEL	<b>30.</b> /		BARR	,	BEULA		nat, madro, man	•	RIEDMAN	
ary	shou and M mer	-	19a. Informant's Name/Relationshi	p (Type, Print)	1	19b. Mailir	ng Address (Street			oute Number, Ci			
	and 2 saith a n 27 ti		SHELLEY COLE /	DAUGHTER			CARROLSTO	OWNE RO	AD -	REISTER	STOWN, N	MD 21136	
ore	ges 1 t of Hi ff iter or oth		20a. Method of Disposition  1 Durial 2 Cremation	3 □Removal from State	ceme	etery, cren	sition (Name of natory or other place		Date	4	Location - City o		
Baltimore,	permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylan Depertment of Health and Mental Hygiene. Important: If item 27 is marked other then "natural", or iteme 23a or 28a-f ehow eny injury or other traumatic event, the Martical Examiner must be notified at once.		4 Donation 5 Other (Sp.	A 1/1	HILLT	-	ERVICE CO		-		OWSON, N		
Ba	Deperment of the perment f the permet of the permet of the permet of the permet of the permet of the permet of the permet of the permet of the permet of the permet of the permet of the permet of the permet of the permet of the permet of the permet of the permet of the permet of the permet of the permet of the permet of the permet of the permet of the permet of the permet of the permet of the permet of the permet of the permet of the permet of the permet of the permet of the permet of the permet of the permet of the permet of the permet of the permet of the permet of the permet of the permet of the permet of the permet of the permet of the permet of the permet of the permet of the permet of the permet of the permet of the permet of the permet of the permet of th		21. Sign to a Funeral Service Leons de 22. Name and Address of Facility SOL LEVINSON & BROS., INC. 8900 REISTERSTOWN ROAD - PIKESVILLE, MD 21208										
			23a. Part1. Enter the disease, or o shock, or heart failure. List o	complications that caused	the death.						LOVILLE	Approximate Interval Between	
	Physician		Immediate Cause (Final disease or condition				ILURE D					Onset and Death	
	/Medical Examiner		resulting in death)	Due to (or as a BRONCH			AND PH	IRENIC	NEF	RVE PAL	SY		
		Jer	Sequentially list conditions, if any, leading to immediate Due to (or as a consequence of): cause. Enter Underlying										
1	acuted ind transi	Examin	Cause (Disease or injury that initiated events resulting in death) Last	c. C. DIF							MONTHS		
8760,	icate be executed physician and s the burial-transit	a E	resulting in death, Last	, DIABE	TES			YEARS					
687	ficate p phys	edical											
Division of Vital Records, P.O. Box	The law requires that the death certificate has been signed by the attending page 2 should be detached for use as	by Physician/M	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 ☐ Yes 2 ☐ No 9 ☐ Unknown  23c. If yes, outcome of pregnancy 1 ☐ Live birth 2 ☐ Fetal death 4 ☐ Pregnant at time of death 5 ☐ Other (specify)								23d. Date of delivery Month Day		
ď.	s that med by e deta	y Ph	Part II. Other significant condition	15 contributing to death bu	ut not resultin	g in the ur	nderlying cause giv	en in Part I.		23e. Did tobacc	co use contribute	to the cause of death?	
ğ	w requires t been signe should be	ted							_ [	1 🗆 Yes	2 M2 No 3 □ F	Probably 4 ∐Unknown	
l Rec	The taw rete has be page 2 sh	Completed								24a. Was an autopsy performed 1 Yes 2 1	? prior to death?	autopsy findings available completion of cause of	
Vita Vita	Physicien: Th r this certificete ral director, pag	Be	25. Was case referred to medical examiner?	Managinal.					Death (C	heck only one)			
5	Phys r this ral dir	7	1 Yes 2 No	Hospital: 1 Inpatie		Outpatien  b. Time of		4 🗆 (4013)		5 Residence	6 Other (Sp	ecify)	
o	Attending ir death. ector: After by the funer	tlon	1 ☑Natural 5 ☐ Pending 2 ☐ Accident investiga	(Month, Day	Year)	Injury	Wor	yat k? Yes 2 ∐ No		. Describe now ii	ijury occurred		
i Visi	or Attendate deat Director:	Certification:	3 ☐ Suicide 6 ☐ Could no 4 ☐ Homicide determin			, farm, str	eet, factory, office		28f.	Location (Street City or Town, St		Rural Route Number,	
	To the Hospital or Attending Physicien: The within 24 hours after death. To the Funeral Director: After this certificete his completely filled in by the funeral director, page		29a. Certifier 1 Certifying (Check only 2 Medical E	Physician: To the best of	of my knowled	dge, death	occurred at the tin	ne, date and p	place, and	due to the cause	e(s) and manner a	as stated.	
	To the H within 24 To the Fi complete	Medical	one)	xaminer: On the basis of and manner sta	ted.	andorin			occurred a				
	O T N	-	29b. Signature and title of certifier	100 ( / V	/		29c. Licens	e number 297		290.	Date signed (Mor	חה, Day, Year)	
	,2		30. Name and address of person w	no completed cause of d	eath (Item 23	a) (Type	-	tom of 8			12010	\$	
	1 "		MICHAEL CHAN				DRIVE	TOWSO	N MA	RYLAND	21204	4	
	Sta		31. Date filed (Month, Day, Year)	ASP.	ar's Signature		sole)						
	Registr	ar	OCT 0 4	LUUD RESILE	es So		2000 and						

Please Type or Print in Black Indelible Ink. Ensure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygier [ ] 6 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2 Date of Death 3. Time of Death Year Physician October RACHEL **GEBROWITZ** 2001 /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** LEVINDALE BALTIMORE N/A If Under 1 Year | If Under 24 Hrs. Date of Birth (Month, Day, Year) 08/15/1920 Birthplace (State or Foreign Country)
 DOL AND 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** Days Hours 1□M 2₩F 212-30-3332 86 Vrs POLAND Director Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits or 28a-f ehow r than "natural", or itema 23a or 28a-f ebor the Medical Examiner must be notified at 1 ▼Yes 2 No Completed by Funeral Director MD N/A BALTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 3804 GLEN AVENUE 21215 USA filed within 72 hours after death 12. Was Decedent Ever in U.S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11, Marital Status 1 Never Married 2 Married 1 ☐ Yes 2X No WHITE Specify: 3 X Widowed 4 □ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) PROPRIETOR GROCERY STORE .. Pages 1 and 2 should be filed v tment of Health and Mental Hygie tant: If Item 27 Is marked other t jury or other traumatic event, III 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be SAMUEL BAYARSKY CHASHA POTASHNICK 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) SHELLY ROSEN / NIECE 3900 GLEN AVENUE - BALTIMORE, MD 21215 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 □ Cremation 3 □ Removal from State permit. Page Department o tmportant: If any injury or once. BETH JACOB CEMETERY 10/03/2006 FINKSBURG, MD 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility SOL LEVINSON & BROS., INC. 21. Signature of June al Source Licensee 8900 REISTERSTOWN ROAD - PIKESVILLE, MD 21208 23a. Part1. Error the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, of heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final disease of condition resulting in death) **Physician** Colon Cancer /Medical Due to (or as a consequence of) Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events Due to (or as a consequence of): Examiner burial-transit resulting in death) Last Due to (or as a consequence of): Medical Certification: To Be Completed by Physician/Medical IF FEMALE: 23c. If yes, outcome of pregnancy 1 Live birth 2 Fetal death 23d. Date of delivery 23b. Was decedent pregnant in the past 12 months?

1 Yes 2 No 3 Ectopic pregnancy Month Year Day 4☐Pregnant at time of death 5 Other (specify) 9 Unknown 9 Unknown Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an perform 1 ☐ Yes 2 ☐ No 1 Yes 25. Was case referred to medical examiner? 26. Place of Death | Check only one Hospital: impatient Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 ☐ No 2 ER/Outpatient 3 DOA 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 Natural 2 Accident 5 Pending 1 ☐ Yes 2 ☐ No investigation within 24 hours after deat To the Funeral Director; completely filled in by the 6 Could not be 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

of Vital Records, P.O. GEDROWITZ or Attending Physician:

Baltimore, Maryland 21215-0036

State

Registrar

3 Suicide

29a. Certifier

4 Homicide

29b. Signature and title of certified

29c. License number

Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

28f. Location (Street and Number or Rural Route Number, City or Town, State)

W. Behedere Are Blo. Nd 21215

			State of Maryland / Department of Health and Mental Hygiene  1- State State Certificate of Death Reg. N2 006 3	11.33
			Trogramme To To To To To To To To To To To To To	3. Time of Death
	Physicia	an	Month Day Year	
	/Medic			L:10 A M
4	Examin	er	Tall I dollary reality for with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the first with the	
			4110 Fords Lane Baltimore	(0)
	Funeral		Months Days Hours Min. (Month, Day, Year) Country)	
	Director		212-32-7348 37 Wary1an	nd
	pus *	-	Usual Residence of Decedent  10a. State 10b. County 10c. City, Town or Location 10d.	Inside City Limits
	anyle sho	5		1X Yes 2 □ No
	8a-1	ecte	Maryland Baltimore	2
	vith ti		10e. Street and Number 10f, Zip Code 10g. Citizen of What Country	f
	within 72 hours after death with the Maryland ene. Then "naturel", or Items 23a or 28a-f show he Medical Examinat in unt be maiffed at	Funeral Director	4110 Fords Lane 21215 U.S.A.	1-4
	tems	nue	11. Marital Status  12. Was Decedent Ever in U.S. Armed Forces?  13. Was Decedent of Hispanic Origin? (Specify Yes or No-lif Yes, specify Cuban, Mexican, Puerto Rican, etc.)  14. Race - American Black, White, etc.	
36	or i	by F	1 Mover Married 2 Married 1 yes 2 Movo 1 yes 2 Movo Specify: Specify: Blac!	k
21215-0036	ureľ ureľ	q p	3 Widowed 4 Divorced Year or Dates:	
r.	"nat	Completed	15. Decedent's Education (Specify only highest grade completed) (Specify only highest grade completed) (Give kind of work done during most of working life. DO NOT use retired)  16b. Kind of Business/Indus	try
2	vithir ne. hen	dm	Elementary/Secondary (0-12) College (1-4or 5+)	
C	led v lygie her t			
n	tal H d oti	Be	Annata Tatura	
<u>X</u>	Men Men Marke	P		
Maryland	12 should be filed within h and Mental Hygiene. 7 is marked other then "iraumatic event. Its Med	0 1	19a. Informant's Name/Relationship ( <i>Type</i> , <i>Print</i> )  19b. Mailing Address ( <i>Street and Number or Rural Route Number</i> , <i>City or Town, State, Zip Co</i> 4110 Fords Lane, Baltimore, Maryland 21215	nde)
2	ges 1 and 2 should be filed within 72 hours after death with the Marylan it of Health and Menth Hygiene. If item 27 is marked other then "naturel; or items 23a or 28a-1 show it it item 27 is marked other then "naturel; or items to use be notified at or other traumatic event. It is Mudical Examination as to notified at	3	Daisy Harper / Sister	State
Ore	of H of H if its		20a. Method of Disposition  20b. Place of Disposition (Name of cametery, crematory or other place)  20c. Location - City or Town cametery, crematory or other place)	, State
Ē	Pag ment ent: ury c		'4 Donation 5 Other (Specify) King Memorial Park 10/07/2006 Baltimore, Ma:	
Baltimore,	permit. Pages 1 and 2 Department of Health a Importent: If item 27 is any injury or other tra-		21. Signature of Funeral Service Licensee  22. Name and Address of Facility  The Derrick C. Jones F/I	H. P.A.
<u>m</u>	82589		4011 Park Heights Ave., Baltimore, Mary.	tand ZiZiJ
			23a. Part 1. Enter the disease, or complications that based the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.	oproximate terval Between
	Pnysician		Immediate Cause (Final disease or condition 2 Pespirantery factors	nset and Death
	/Medical		Immediate Cause (Final disease or condition resulting in death)  a. Due to (or as a consequence of):  Sequentially list conditions  b. Squares It each t Neck Clerice.	- 7
	Examiner		Sequentially list conditions b. Squamous Head + Neck Clarice "	5 months
		ē		
X	uted d ansit	E.	rainy, leading to him solidate cause. Enter Underlying Cause (Disease or injury that initiated events c.	
/	be executed iician and burial-transit	Examiner	resulting in death) Last Due to (or as a consequence of):	
8760	cate be executed bhysician and the burial-transit	dicai	d	
.89	ificat g phy as the	edi		
Вох	death certific attending pl	M	IF FEMALE: 23c. If yes, outcome of pregnancy 23d. Date of delivery	
m	that the death led by the atter detached for L	Physician/Me	in the past 12 months?  1 Live birth 2 Fetal death 3 Ectopic pregnancy  4 Pregnant at time of death 5 Other (specify)  9 Unknown	y Year
0	the or	λys	9 Unknown 9 Unknown	
0	The law requires that the death certific ate has been signed by the attending p page 2 should be detached for use as	Y P	Part II, Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to th	cause of death?
ds.	uires I sign	d by	1 Yes 2 □ No 3 □ Probabl	y 4 ∐Unknown
Records,	v requir been si should I	Completed	24a. Was an 24b. Were autopsy	findings available
Se	The law cate has page 2 s	m m	autopsy prior to compi performed? death?	etion of cause of
				J No
V.	icier certif recto	Be	- Le Hospital - Other - Other	
of Vital	Physicien: this certific ral director,	2	1   Inpatient 2   ENVOUIDationt 3   DOA 4   Nursing Home 5   Hesidence 6   Other (Specify)	
n o	ling After funer	io	1 Natural 5 Pending (Month, Day Year) Injury  (Month, Day Year)   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending	
Si.	Attending in death.  ector: After by the fune	cat	2 ☐ Accident investigation M 1 ☐ Yes 2 ☐ No 3 ☐ Suicide 6 ☐ Could not be 28e. Place of Injury · At home, farm, street, factory, office 28f. Location (Street and Number or Rural R	oute Number
Division	after of Direct In by	Certification:	28e. Place of Injury · At home, farm, street, factory, office building, etc. (Specify)	00.0 / 0//1001,
	To the Hospitel or Attending Physicien: within 24 hours after death.  To the Funerel Director: After this certific completely filled in by the funeral director.			
	Hospitel	Medicai	29a. Certifier 1 Creak only (Check only one)  29a. Certifier (Check only one)  29a. Certifier (Check only one)  29a. Certifier (Check only one)  29a. Certifier (Check only one)  39a. Certifier (Check only one)  39a. Certifier (Check only one)  39a. Certifier (Check only one)  39a. Certifier (Check only one)  39a. Certifier (Check only one)  39a. Certifier (Check only one)  39a. Certifier (Check only one)  39a. Certifier (Check only one)  39a. Certifier (Check only one)  39a. Certifier (Check only one)  39a. Certifier (Check only one)  39a. Certifier (Check only one)  39a. Certifier (Check only one)  39a. Certifier (Check only one)  39a. Certifier (Check only one)  39a. Certifier (Check only one)  39a. Certifier (Check only one)  39a. Certifier (Check only one)  39a. Certifier (Check only one)  39a. Certifier (Check only one)  39a. Certifier (Check only one)  39a. Certifier (Check only one)  39a. Certifier (Check only one)  39a. Certifier (Check only one)  39a. Certifier (Check only one)  39a. Certifier (Check only one)  39a. Certifier (Check only one)  39a. Certifier (Check only one)  39a. Certifier (Check only one)  39a. Certifier (Check only one)  39a. Certifier (Check only one)  39a. Certifier (Check only one)  39a. Certifier (Check only one)  39a. Certifier (Check only one)  39a. Certifier (Check only one)  39a. Certifier (Check only one)  39a. Certifier (Check only one)  39a. Certifier (Check only one)  39a. Certifier (Check only one)  39a. Certifier (Check only one)  39a. Certifier (Check only one)  39a. Certifier (Check only one)  39a. Certifier (Check only one)  39a. Certifier (Check only one)  39a. Certifier (Check only one)  39a. Certifier (Check only one)  39a. Certifier (Check only one)  39a. Certifier (Check only one)  39a. Certifier (Check only one)  39a. Certifier (Check only one)  39a. Certifier (Check only one)  39a. Certifier (Check only one)  39a. Certifier (Check only one)  39a. Certifier (Check only one)  39a. Certifier (Check only one)  39a. Certifier (Check only one)  39a. Certifier (Chec	
	the the	Med	29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Date	v. Year)
	To To		1/2 0000 1100 2000	
~	2		1/2/06	
	J		30. Name and address of person who completed cause of death (Item 23a) (Type, Print)	ere was
			29b. Signature and title of certifier  29c. License number  29d. Date signed (Month, Day  29d. Date signed (Month, Day  29d. Date signed (Month, Day  29d. Date signed (Month, Day  29d. Date signed (Month, Day  29d. Date signed (Month, Day  30. Name and address of person who completed cause of death (Item 23a) (Type, Print)  29d. Date signed (Month, Day  30. Name and address of person who completed cause of death (Item 23a) (Type, Print)  29d. Date signed (Month, Day  30. Name and address of person who completed cause of death (Item 23a) (Type, Print)  29d. Date signed (Month, Day  30. Name and address of person who completed cause of death (Item 23a) (Type, Print)  31. Date filed (Month, Day, Year)  32. Registrar's Signature  33. Date filed (Month, Day, Year)  34. Date filed (Month, Day, Year)	
	Sta Regista		31. Date filed (Month, Day, Year)  OCI 0 4 2006	
		LLI.	14000	

Physician	Decedent's Name (First, Mid								-	. Date of Dea Month	Day	Year	r	Time of D
/Medical	Patricia An					4h City T	own, or Lo	ocation of I		ctober		2006 ounty of De		0:39
Examiner	Sinai Hospita		and number)				Balti		Douin.		10. 00	Jam, 0. 00		
Funeral	5. Social Security Number	6. Sex 1 ☐ M 2		e (In yrs. la	ast birthday)	If Under	Year I	f Under 24	Hrs. 8. Min.	. Date of Birti (Month, Day	h /, Year)	9. 8	irthplace Country)	(State or I
irector	214-44-4050 Usual Residence of Decedent		-44.	65	Yrs.				10	)4/10/1	1941	Ma	ryla:	nd
3 .	10a. State 10b. Coun	nty			, Town or Lo									nside City
be notified Director	Maryland			E	Baltim						10 0::	(140)		X∏Yes 2
Dire	10e. Street and Number	J C	T			10f. Zip	2121	E			U.S	n of What C	Country?	
Funeral	2819 West Col	12. W	Vas Decedent Imed Forces?	Ever in U.S	S. 13.	Was Decede			n? (Specif	iy Yes or No- can, etc.)		. Race - An Black, Wh		ndian,
by Fu	1 Never Married 2 M	larried 1 [	☐Yes 2X			1 ☐ Yes 2		Specify:	1 40110 1 11	san, oto.,		pecify: B		
ed b	3 Widowed 4 Divorce	lent's Education	ear or Dates:		16a. Dece	dent's Usual	Occupation	on				of Busines		
Completed	(Specify only high Elementary/Secondary (0-12	hest grade com	npleted) college (1-4or 5	5+)	(Give	kind of worl DO NOT us	k done duri	ring most o	of working					
Co	12				Ass <b>e</b>	mbly 1			- Nome (	Ciana Adiddia		mobile	e	
Be	17. Father's Name (First, Middle William F. Ha							a. Mothers Mary		First, Middle,	Maiden St	uma.me)		
To	19a. Informant's Name/Relatio	-	Print)		19b. Mailir	ng Address		<u>-</u>		Route Numbe	r, City or T	Town, State,	, Zip Cod	1e)
ur tra	Charlie Harvey				2819	West	Co1d	Sprin	ng La	in <b>e,</b> Ba	altim	ore, l	Mary	land
otto	20a. Method of Disposition 1 XBurial 2 Crematio	2 Demon	val from State	20b. Pla	ace of Dispo	osition (Nam	e of her place)	10	Dat		20c. Loca	ition - City o	or Town,	State
ury o	4 Donation 5 Other		vai iioiii State	Mt	Calva	arv Ce	meter	rv	/07/2	1		lyn, l		
7 T TO											-	T	T2 / II	T) A
Important: If item 27 is marked other than "naturel", or items 23a or 28a-1 show eny injury or other traumatic event, the Medical Exact insertment be notified at once.  To Be Completed by Funeral Director	21. Structure of Funeral Service	A G.	1	_	46	2. Name and	rk Hg	ts. A	Ave.,	Balti	Lmore		y1an	d 212
sician edical	23a. Part1. Enter the disease, shock, or heart failure. L Immediate Cause (Final disease or condition resulting in death)	or complication	ons that caused buse on each li A Hero Due to (or as	d the death.	46 . Do not ent	2. Name and 11 Pa: ter the mode	rk Hg of dying,	such as ca	Ave.,	Balti espiratory ar	Lmore rest,	, Mar	y1an	
burial-transit and property at Examiner	23a. Part1. Enter the disease, shock, or heart failure. L	or complication	Due to (or as Hemo Due to (or as	d the death.	46  Do not ent  lend  ence of):  eq ( C	2. Name and 11 Pa: ter the mode	rk Hg of dying,	such as ca	Ave.,	Balti espiratory ar	Lmore rest,	, Mar	y1an	d 212
burial-transit applications and learning at Examiner	23a. Part1. Enter the disease, shock, or heart failure. L Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	b d	Due to (or as Hemo Due to (or as III)	d the death.  Sc/ a consequ  a consequ  a consequ  of pregnar 2   Fetal	death 3E	2. Name and 11 Pa: ter the mode	rk Hg a of dying, ardi ebro	such as ca	Ave.,	Balti espiratory ar	imore rest,  Reas	, Mar	ylan App Inte On:	d 212 proximate arval Between and De
be delached for use as the burial-transit  by Physician/Medical Examiner	23a. Part1. Enter the disease, shock, or heart failure. Limmediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 □ Yes 2 □ Stoo 9 □ Unknown  Part II. Other significant conditions.	b d	Due to (or as  Hemo Due to (or as  Due to (or as  yes, outcome Clive birth Organant a Unknown	d the death.  a consequ  a consequ  a consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  c	death 35	2. Name and and all Pa: ter the mode  Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Colo	rk Hg a of dying, ardi ebro	sts. A such as ca	Ave.,	Balti Pespiratory ar Land Day	imore rest,  Las  Lec i  23	d. Date of d	ylan Apprinte On:	d 212 proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate proximate
be detached for use as the burish-transit  property by Physician/Medical Examiner	23a. Part1. Enter the disease, shock, or heart failure. Limmediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 □ Yes 2 □ Stoo 9 □ Unknown  Part II. Other significant conditions.	b d	Due to (or as  Hemo Due to (or as  Due to (or as  yes, outcome Clive birth Organant a Unknown	d the death.  a consequ  a consequ  a consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  c	death 35	2. Name and and all Pa: ter the mode  Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Colo	rk Hg a of dying, ardi ebro	sts. A such as ca	Ave.,	Balti espiratory ar  kr D  23e. Did to	imore rest,  Las  Lec , s  23  Dec , s  24  Dec , s	d. Date of d. Month	ylan Applinte On:  delivery Day to the ca	d 212 proximate proval Between y Ye ause of de
pe 2 should be detached for use as the burial-transit  or or or or or or or or or or or or or o	23a. Part1. Enter the disease, shock, or heart failure. Limmediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 □ Yes 2 □ Stoo 9 □ Unknown  Part II. Other significant conditions.	b d	Due to (or as  Hemo Due to (or as  Due to (or as  yes, outcome Clive birth Organant a Unknown	d the death.  a consequ  a consequ  a consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  c	death 35	2. Name and and all Pa: ter the mode  Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Colo	rk Hg a of dying, ardi ebro	sts. A such as ca	Ave.,	Balti espiratory ar  La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La	imore rest,  23  cobacco use (es 2   an isy imped?	d. Date of d Month	ylan Applinter Interior Day to the ca Probably autopsy o comple	d 212 proximate erval Betweeset and De
page 2 should be detached for use as the burial-transit  or or or or or or or or or or or or or o	23a. Part1. Enter the disease, shock, or heart failure. Limmediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1	bd. 23c. If 1 4 9	Due to (or as  Hemo Due to (or as  Due to (or as  yes, outcome Clive birth Organant a Unknown	d the death.  a consequ  a consequ  a consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  consequ  c	death 35	2. Name and and all Pa: ter the mode  Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Colo	rk Hg a of dying, ardi ebro egnancy egnancy ause given	such as ca	Ave., ardiac or r	Balti espiratory ar  La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La Di La	23- Decree 2  an an arrival? 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	d. Date of d Month	ylan Applinter Interior Day to the ca Probably autopsy o comple	d 212 proximate erval Betweeset and De
Indirector, page 2 should be detached for use as the burial-transit	23a. Part1. Enter the disease, shock, or heart failure. L Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1	a b c d 23c. If 1 4 9 9 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Due to (or as  Hemo Due to (or as  Due to (or as  Oue to (or as  Oue to (or as  Oue to (or as  Oue to (or as)  Oue to (or as)	d the death.  a consequ  a consequ  a consequ  of pregnar  Consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of pregnar  consequ  of p	death 3 ER/Outpatier	2. Name and 11 Pa: let the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mod	egnancy  ause given	in Part I.	Ave., ardiac or r	Balti espiratory ar  La D  23e. Did to  1 1 2  24a. Was autop perfo 1 1 Yes  Check only of 5   Resident	23d pobacco user (se 2 an an usy must 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	d. Date of d Month  contribute No 3   24b. Were prior t death 1   Yo	delivery Day to the caprobably autopsy o compler?	d 212 proximate erval Betweeset and De
To Be Completed by Physician/Medical Examiner	23a. Part1. Enter the disease, shock, or heart failure. Limmediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that intiated events resulting in death) Last  IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1	a a b c d 23c. If 1 4 9 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Due to (or as  Hemo Due to (or as  Due to (or as  Tyes, outcome Clive birth Pregnant a Clive Dunknown  Unknown	d the death.  SCA  a consequ  a consequ  a consequ  o of pregnar  2   Fetal  t time of de	death 3 Latting in the u	2. Name and 11 Pa: ter the mode  Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Col	and the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second o	in Part I.	Ave., ardiac or r	Balti espiratory ar  kr D  23e. Did to 1 1 24a. Was autop perio 1 Yes  Check only of	23d pobacco user (se 2 an an usy must 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	d. Date of d Month  contribute No 3   24b. Were prior t death 1   Yo	delivery Day to the caprobably autopsy o compler?	d 212 proximate erval Betweeset and De
ar director, page 2 should be detached for use as the burtantians.  To Be Completed by Physician/Medical Examiner	23a. Part1. Enter the disease, shock, or heart failure. L Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1	d	Due to (or as  Hemo Due to (or as  Due to (or as  Due to (or as  Due to (or as  tyes, outcome Chicke birth Description  All Pregnant a  Unknown  Unknown  Unknown  Atting to death but  Atting to death but  Atting to death but  Atting to death but  Atting to death but  Atting to death but  Atting to death but  Atting to death but  Atting to death but  Atting to death but  Atting to death but  Atting to death but  Atting to death but  Atting to death but  Atting to death but  Atting to death but  Atting to death but  Atting to death but  Atting to death but  Atting to death but  Atting to death but  Atting to death but  Atting to death but  Atting to death but  Atting to death but  Atting to death but  Atting to death but  Atting to death but  Atting to death but  Atting to death but  Atting to death but  Atting to death but  Atting to death but  Atting to death but  Atting to death but  Atting to death but  Atting to death but  Atting to death but  Atting to death but  Atting to death but  Atting to death but  Atting to death but  Atting to death but  Atting to death but  Atting to death but  Atting to death but  Atting to death but  Atting to death but  Atting to death but  Atting to death but  Atting to death but  Atting to death but  Atting to death but  Atting to death but  Atting to death but  Atting to death but  Atting to death but  Atting to death but  Atting to death but  Atting to death but  Atting to death but  Atting to death but  Atting to death but  Atting to death but  Atting to death but  Atting to death but  Atting to death but  Atting to death but  Atting to death but  Atting to death but  Atting to death but  Atting to death but  Atting to death but  Atting to death but  Atting to death but  Atting to death but  Atting to death but  Atting to death but  Atting to death but  Atting to death but  Atting to death but  Atting to death but  Atting to death but  Atting to death but  Atting to death but  Atting to death but  Atting to death but  Atting to death but  Atting to death but  Atting to deat	d the death.  SCA  a consequ  a consequ  a consequ  o of pregnar  2   Fetal  t time of de  but not resu  ent 2   E	death 3 ER/Outpatier 28b. Time of Injury	2. Name and 11 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter the mode of 12 Pa: ter	egnancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egranc	in Part I.	Ave., ardiac or r	Balti espiratory ar  La D  23e. Did to  1 1 2  24a. Was autop perfo 1 1 Yes  Check only of 5   Resident	23d bbacco use (es 2 an an sy med? 2 Dane) dence 6 [now injury of street and descriptions]	d. Date of d Month  contribute prior t death' 1   Y  Other (Sp occurred	ylan Applinte On:  delivery Day to the ca Probably autopsy o comple es 25	d 212 proximate and Desired and Desired August 212  Yes ause of desired August 212  findings astion of cause 212
al director, page 2 should be detached for use as the burial-transit  a p of the burial-transit  To Be Completed by Physician/Medical Examiner	23a. Part1. Enter the disease, shock, or heart failure. L Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1	d	Due to (or as  Hemo Due to (or as  Hemo Due to (or as  Due to (or as  Due to (or as  Types, outcome Live birth Pregnant a  Unknown  Unknown  Ital:  Inpatite Ba. Date of Inju (Month, Da  Ba. Place of In building, el	d the death.  SC/ a consequ  a consequ  o of pregnar 2   Fetal t time of de  but not resu  pury - At hote. (Specify of my know	death 3 ER/Outpatier 28b. Time of Injury	2. Name and 11 Pa: ter the mode of C C C C C C C C C C C C C C C C C C	egnancy egnancy egrancy egrancy erk Hg  A Other.  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Cardia  Card	in Part I.	Ave., ardiac or r	Balti espiratory ar  La Di  23e. Did to  1 1 1  24a. Was autoperfor perfor perfor d. Describe for City or Tow	23d  bbacco use  (es 2   an sy mined? 2   cone)  dence 6 [ how injury of cause(s) al	d. Date of d. Month  a contribute No 3 2  24b. Were prior t. death 1 7  Octurred  Number or	delivery Day to the ca Probably autopsy o comple? es 25	d 212 proximate enval Between and De ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of de ause of
To Be Completed by Physician/Medical Examiner	23a. Part1. Enter the disease, shock, or heart failure. Limmediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that intitated events resulting in death) Last  IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1	a	Due to (or as  Hemo Due to (or as  Hemo Due to (or as  Due to (or as  Due to (or as  Types, outcome Live birth Pregnant a  Unknown  Unknown  Ital:  Inpatite Ba. Date of Inju (Month, Da  Ba. Place of In building, el	a consequence of pregnar 2   Fetal time of de put not result of my know of examination.	death 3 ER/Outpatier 28b. Time of Injury	2. Name and 11 Pa: ter the mode content of the mode content of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the cours	egnancy egnancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egrancy egranc	in Part I.	Ave., ardiac or r	Balti espiratory ar  La D  23e. Did to  1 1 1  24a. Was autoperfol  1 Yes  Check only of City or Tow  did due to the first the time,	230  bbacco use  (es 2   an esy  rmed? 2100  dence 6 [ how injury of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control	d. Date of d Month  a contribute No 3   1   Y  24b. Were prior t death 1   Y  Occurred  Number or	ylan Applinte On:  delivery Day to the ca Probably autopsy o comple es 2  pecify)  Rural Ro as stated inte to the	d 212 proximate and De  y Ye  ause of de  y 4 Cur  findings avaition of cause  d. cause(s)
Il director, page 2 should be detached for use as the burial-transit  To Be Completed by Physician/Medical Examiner	23a. Part1. Enter the disease, shock, or heart failure. L Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1	a	Due to (or as  Hemo Due to (or as  Due to (or as  Due to (or as  Types, outcome Live birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Office birth Offic	a consequence of pregnar 2   Fetal time of de put not result of my know of examination.	death 3 ER/Outpatier 28b. Time of Injury	2. Name and 11 Pa: ter the mode content of the mode content of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the cours	egnancy egrancy egrancy egrancy egrancy erity)  2 A Other. 8c. Injury a Work? 1 Ye , office at the time, in my opin	in Part I.	Ave., ardiac or r	Balti espiratory ar  La D  23e. Did to  1 1 2  24a. Was autor perior  1 1 Yes  Check only or  6. Describe to  d. Describe to  d due to the dat the time,	23/ 23/ 23/ 23/ 23/ 24/ 25/ 25/ 25/ 26/ 27/ 27/ 27/ 28/ 28/ 28/ 28/ 28/ 28/ 28/ 28/ 28/ 28	d. Date of d. Month  a contribute No 3 2  24b. Were prior t. death 1 7  Octurred  Number or	ylan Applinte On:  delivery Day to the ca Probably autopsy o comple es 25  Pecify)  Rural Ro as stated due to the	d 212 proximate and Desired and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and Desired August and

Please Type or Print in Black Indelible Ink. Ensure All Cepies Are Legible. AMENI) TTP#/28b, perm. F. . 6860, 10/4/00, wspies Are Legible. State of Maryland / Department of Health and Mental Hygiene of C 31435 1 - State Registrar Reg. No. Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month Vaar **Physician** 9:15 AM HIOD Virginia 2006 3 /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Baltimore Baltimore If Under 1 Year If Under 24 Hrs. Hospita 6. Sex Kernan 8. Date of Birth (Month, Day, Year) Oct. 01, 1923 9. Birthplace (State or Foreign 5. Social Security Number 7. Age (In vrs. last birthday) **Funeral** Days Mary land Months Hours Min. 1 ☐ M 2 🖫 F 217-12-3981 83 Yrs. Director Usual Residence of Decedent the Maryland 10c. City, Town or Location 10d. Inside City Limits 10b. County 10a State itema 23a or 28a-f ehow other traumatic event, the Medical Examiner rough by nutified at 1 ☐ Yes 2X No Baltimore Completed by Funeral Director Md. Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21236 USA 63 Millbridge Court filed within 72 hours after death 12. Was Decedent Ever in U.S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 14 Bace - American Indian Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Black, White, etc. 1 Never Married 2 Married Baltimore, Maryland 21215-0036 ō 1 ☐ Yes 2 X No Specify: Specify: White 3 □ Widowed 4 ☑ Divorced "natural", 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry al Hygiene. College (1-4or 5+) Elementary/Secondary (0-12) Orthopedics Accountant 18. Mother's Name (First, Middle, Maiden Surname) permit. Pages 1 and 2 should be file Department of Heelth and Mental Hy Important: if Item 27 is marked oth any injury or other traumatic event size. 17. Father's Name (First, Middle, Last) Be Koller James W. Bennett Elva G. 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 727 High Plain Dr. Bel Air, Md. 21014 Mr. Douglas Hiob/ Son 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Wesley Freedom U.M. 10-6-06 Eldersburg, Md. 22. Name and Address of Facility
Ruck Towson Funeral Home,
1050 York Rd. Towson, Md. 21. Signature of Funera Service Licensee 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) Physician Multi Ne /Medical Due to (or a a consequence of): Examiner 8-17-06 Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): Examiner Pardia c To the Hospital or Attending Physician: The law requires that the death certificate be executed burial-transit Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Certification; To Be Completed by Physician/Medical use as the igned by the attending be detached for use as IF FEMALE: 23c. If yes, outcome of pregnancy 1 ☐ Live birth 2 ☐ Fetal death 23d. Date of delivery 23b. Was decedent pregnant 3 □Ectopic pregnancy in the past 12 months?
1 Yes 2 No Month Day 5 ☐ Other (specify) 4☐Pregnant at time of death 9☐ Unknown 9 Unknown Part II. Dther significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 🗷 Unknown 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an has autopsy performed 2 No 1 ☐ Yes 2 X No 1 ☐ Yes funeral director, 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: 1XYes 2 □ No 1 XInpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 28b. Time of Injury 27. Manner of Death 28d. Describe how injury occurred 28a. Date of Injury (Month, Day Year) After 5 Pending investigation 1 Natural 17-06 UNKNOWN within 24 hours after death.

To the Funeral Director: At completely filled in by the fu 1 ☐ Yes 2 🛣 No Passenger -Vehicle Mator 2X Accident 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide Street Colersbu Libert 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical (Check only one) 29b. Signature and title of certified 29c. License number 29d. Date signed (Month, Day, Year) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Kernan Steven wartz 31. Date filed (Month, Day, Year) OCT 0 4 2006 32 Registrar's Signature State

Registrar

State of Maryland / Department of Health and Mental Hygiene 006 31436 State Registralmend #19a Per INF G860 10/10 Pertificate of Death Reg. No. 2. Date of Death 1. Decedent's Name (First, Middle, Last) 3. Time of Death September 30,2006 **Physician** 5:55 P M Smoot Hall, Sr. Wendell /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Hospice of Baltimore-Gilchrist Ctr. **Baltimore** Towson 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs.

Months Days Hours Min. 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) 5. Social Security Number 6 Sax **Funeral** 1**X** M 2□ F Yrs. Director 82 March 10,1924 Delaware 221-18-5660 Usual Residence of Decedent 10c. City, Town or Location 10d. Inside City Limits 10a State 10b. County 28e-f ehov troumatic event, the Medical Examiner must be notified at 1 Yes 2 No Directo Towson Maryland Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? ö death with U.S.A. 21286 or Iteme 23a 1312 Providence Road Completed by Funeral 12. Was Decedent Ever in U.S. Armed Forces? 1 ☐ Yes 2 M No If Yes, Give Year or Dates: 14. Race - American Indian, Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Black, White, etc. filed within 72 hours after 1 ☐ Never Married 2 Married Baltimore, Maryland 21215-0036 1 ☐ Yes 2 XNo Specify: Specify: 3 ☐ Widowed 4 ☐ Divorced White 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 6b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Purchasing, Systems & al Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) **Procedures** 4 Administrator 18. Mother's Name (First, Middle, Maiden Surname) 17. Father's Name (First, Middle, Last) permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: if Item 27 Is marked oth any injury or other treumatic event <u>anx</u>. Be Hall Ruth Α. Townsend W. Marshall ပ 19a. Informant's Name/Relationship *(Type, Print)* Patricia <del>Peggy</del> L. Hall 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1312 Providence Road Towson, Maryland 21286 Wife 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State Date 20a Method of Disposition 1 ☐ Burial 2 X Cremation 3 ☐ Removal from State Hilltop Service Corp.: 10-2-2006 Towson Maryland 4 □ Donation 5 □ Other (Specify) 21. Sanatore de Lune al Service Licensee 22. Name and Address of Facility Ruck Towson Funeral Home, Inc. 1050 York Road Towson, Maryland 21204 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final **Physician** Panerea tre Cance months disease or condition resulting in death) /Medical Due to (or as a consequence of): Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury Due to for as a consequence of) Examiner that initiated events resulting in death) Last Due to (or as a consequence of): Physician/Medical IF FEMALE: 23c. If yes, outcome of pregnancy 1 ☐ Live birth 2 ☐ Fetal death 23d. Date of delivery 23b. Was decedent pregnant 3 Ectopic pregnancy Day in the past 12 months? 1 ☐ Yes 2 ☐ No Month Year 4☐Pregnant at time of death 5 Other (specify) 9 Unknown Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? ۾ page 2 should be 1 ☐ Yes 2 ☑ No 3 ☐ Probably 4 ☐ Unknown Completed 24a. Was an autopsy performed?
1 Yes 2 No 24b. Were autopsy findings available prior to completion of cause of death?
1 ☐ Yes 2☐ No certificete 25. Was case referred to medical Be 26. Place of Death (Check only one) examiner? Other: 4 Nursing Home 5 Residence 6 Other (Specify) HSSP (C Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 ☐ Yes 2 ØNo Certification: To this 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28b. Time of 28d. Describe how injury occurred 27. Manner of Death Natural 5 Pending 1 ☐ Yes 2 ☐ No death. investigation 2 Accident Director: 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) filled in by 4 - Homicide within 24 hours after To the Funerel Dire ö Medical 29a, Certifier 🔀 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. completely 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one) 29b. Signature and title of certifier D0061199 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Black Suite 209. Touson 6565 NOTTE Charles street 31. Date filed (Month, Day, Year) 32. Aegistrar's Signature State OCT 0 4 2006 MAL. Registrar

			For State Registrar	State of Ma	arylan				lealth an Death	d Mer		ene	2006	31437
	8'		Decedent's Name (First, Middle, La	st)						2.	Date of Death	1	VA	3. Time of Death
п	Physici /Medio		John	W .	Н	ahn,	Jr.			Do	Month	Day 3	2006	4:45AM.
	Examin		4a. Facility Name (If not institution, give	e street and number)				y, Town, or	Location of D	eath		4c.	County of Death	
			Baltimore-Washir						n Burn				Anne A	
	Funeral		The second second	Sex 7. Ag		last birthday) Yrs.	Month	er 1 Year S Days	Hours N	Hrs. 8.	Date of Birth (Month, Day,	Year)	Coui	
	Director		216-28-1691 Usual Residence of Decedent		75	115.				J	an. 31	, 193	31   Mar	yland
	land		10a. State 10b. County		10c. City	y, Town or Lo	ocation						1	10d. Inside City Limits
	Man	ţ	Maryland Anne	Arundel	P	asaden	na							1 ☐ Yes 2 ☑ Mo
	n the	Director	10e. Street and Number				10f. 2	ip Code			10	g. Citiz	zen of What Cou	ntry?
	th wit	a D	307 Mountain Esta	te Drive				2112	22				U.S.A.	
	r dea	Iner	11. Marital Status	12. Was Decedent Armed Forces?	Ever in U.	S. 13.	Was Dec	edent of H	ispanic Origin' in, Mexican, P	? (Specify uerto Ric	Yes or No- an, etc.)	1	14. Race - Americ Black, White,	
36	s afte	by Funeral	1 ☐ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	1 ☐ Yes 2 ☐	Мo	ì		21 No	Specify:				Specify: 1.71.	
21215-0036	within 72 hours after death with the Maryland ene. than 'natural', or Items 23e or 28e-f ehow ha Medical Examil er mant te notified at	ed b	15. Decedent's E	Year or Dates:		16a. Dece	dent'e H	ual Occup	ation			Sh Kir	W $\Pi$	ite
7.	in 72 "na fedic	Completed	(Specify only highest gr	ade completed)	- \	(Give	kind of	vork done d	during most of	working	'	Ob. Kii	10 01 003111033111	ddstry
212	iene r tha	Eo	Elementary/Secondary (0-12)	College (1-4or to N/A	5+)	Auto	Med	hanic	2			Αι	ito Shop	
þ	othe	Bec	17. Father's Name (First, Middle, Last	)						Name (F	irst, Middle, M			
<u>lar</u>	Vid by Venta	To E	John	W.	Ha	hn, Sr			Bert	ha	Hynsor	11		
Maryland	s 1 and 2 should be filed within 72 hours after death with the Marylar if Heelth and Mental Hygiene if Heelth and Mental Hygiene thems 23e or 28e-1 ehow them 27 is marked other than "natural", or Items 23e or 28e-1 ehow other treumatic event, the Medical Enatural arrivant is notified at		19a. Informant's Name/Relationship (	Type, Print)		19b. Maili	ng Addre	ss (Street a	and Number o	r Rural R	oute Number,	City or	r Town, State, Zip	Code)
	and the the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man and the man an		Betty L. Hahn (W	ife)	1									land 21122
ore	Pages 1 nent of H int: If ite		20a. Method of Disposition 1 ☐ Surial 2 ☐ Cremation 3 ☐	Removal from State	1	lace of Dispo emetery, crea			1	Date		Oc. Lo	cation - City or To	own, State
Saltimore,	tant:		4 Donation 5 Other (Special		Mea	adowri				0/7/0			ridge Ma	
Bal	permit. Pages 1 and 2 Department of Heelth a Important: If Item 27 is any injury or other tre		21. Signature of Funeral Service Lice	nsee / // ·		M	2. Name [cCu1	and Addres	ss of Facility Nyniak	Fune	eral Ho	ome,	P.A. Maryland	01100
			23a Part 1 Enter the disease or com	le-Clina	d the death								laryland	21122 Approximate
			23a. Part1. Enter the disease, or com shook, or heart failure. List only Immediate Cause (Final	one cause on each li	ne.			1	g, 00011 00 001		ophiatory and	0.,		Interval Between Onset and Death
	Physician /Medical		disease or condition resulting in death)	a. Due te for as	2000000	uence of)	YY	110					1	
П	Examiner			Chas	MAI	90	3/50	nehr	e p	mon	onem	d	wenk	
		Je	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	Due to (or as	a consequ		-							
	ransi	Examiner	that initiated events	c			***							
, 0,	sate be executed the sate of the purial-transit	Ä	resulting in death) Last	Due to (or as	a consequ	uence of):								
8760,	The law requires that the death certificate be executed ate has been signed by the attending physicien and page 2 should be detached for use as the burial-transit	dlcal	•	d				-	-			_		
9 X	eath certific attending pl for use as f	Physician/Me	IF FEMALE:	23c. If yes, outcome	of pregna	incv							23d. Date of deliv	
Вох	atten for u	clan	23b. Was decedent pregnant in the past 12 months?	1☐Live birth 4☐Pregnant a	2 Fetal	Ideath 3	☐Ectopic ☐ Other (	pregnancy	,			-	Month	Day Year
P.O.	the d y the sched	Sk	1 ☐ Yes 2 Mo 9 ☐ Unknown	9□ Unknown				-,====,/						
	uires that the de i signed by the a id be detached f	by PI	Part II. Other significant conditions	contributing to death b	out not resu	ulting in the u	ınderlying	cause give	en in Part I.		23e. Did tob	acco u	se contribute to t	he cause of death?
of Vital Records,	w require been sig should b	pa pa								_	1	s 2[	□No 3□Prot	oably 4 Unknown
ပ္သ	aw requisite been 2 should	Completed									24a. Was ar		24b. Were auto	opsy findings available impletion of cause of
Ä	The I	E					-			_	autopsy perform	PA? No	death?	No No
ita	stan: artifica ctor,	Bec	25. Was case referred to medical examiner?						26. Place of	Death (C	heck only one			/-
>	Physician: this certific ral director,	T O	1 ☐ Yes 2 No	Hospital: Inpatio		ER/Outpatie	nt 3 🗆	Oth	er: 4 🗌 Nursır	ng Home	5 🗆 Resider	nce 6	6 □Other (Specia	(y)
ם	ing P liter t		27. Manner of Ceath 1   Natural 5 □ Pending	28a. Date of Inju (Month, Da	iry ly Year)	28b. Time o Injury		28c. Injun World		28d	. Describe ho	w injur	y occurred	
sio	tendi leath. tor: A	catl	2 Accident investigation 3 ☐ Suicide 6 ☐ Could not be	Α			М		Yes 2 □ No		1 (0)			
Division	I or Attendiater death. Director: A	Certification:	4 Homicide determined	28e. Place of In building, et	ic. (Specify	y)	гөөт, гаст	огу, опісе		281.	City or Town	State,	d Number or Run )	ar Houte Number,
_	spitel ours ours reral filled		29a. Certifier Certifying P	hysician: To the best	of my kno	wledge, deat	th occurre	ed at the tin	ne, date and p	lace, and	due to the ca	use(s)	and manner as s	stated.
	To the Hospitel or Attending Physicien: The lav within 24 hours after death.  To the Funeral Director: After this certificate has completely filled in by the funeral director, page 2	Medical		miner: On the basis of and manner st	of examinat	tion and/or in	vestigati	on, in my o	pinion, death o	occurred	at the time, da	te and	place, and due t	o the cause(s)
	To the To the Comp	Me	29b. Signature and title of certifier				2	9c. Licens	e number		29	d. Dat	e signed (Month,	Day, Year)
			ASA	1	20			W	397	7		24	ober .	3 2006
	H		30. Name and ad parson who	completed cause of	death (Item	23а) (Тура.	Print)					4		32006
	·		MOKEN EX	ejemp. 3	DIH	0599	3	Dan	re, 0	rlan	Sur	مو	·MC	1.21061.
	Sta Registr		31. Date filed (Mönth, Day, Year)	Hegisti	rar's Signa	iline O	PARE.	P						

Please Type or Print in Black Indelible Ink State of Maryland / Department of Health and Mental Hygiene 2006 31438 1- For State Certificate of Death

Physici	an/	Registrar  1. Decedent's Name (First, Middle,Last)		2. Date of Death	3. Time of Death
edical Exami		GREGORY MORIEN HEBB		Month Day September 29	2006 0945 hrs
		4a. Facility Name (if not institution, give street and number)	4b. City, Town, or Location of Dea		lc. County of Death
		Rear of 5511 York Road	Baltimore		N/A
Funeral		5. Social Security Number 6. Sex 7. Age (In yrs. last birthday)	If Under 1 Year If Under 24H	rs 8. Date of Birth(MM	M/DD/YYYY) 9 Birthplace (State or
Director		212-70-8492 1X M 2 F 46	Months Days Hours M	in. 10/30/1	959 Foreign MARYLAND
T.		10a. State 10b. County 10c. City, Town or Loc	cation		10d Inside City Limits
ne Maryland or 28a-f show any fied at once.		MD N/A BALT	IMORE CITY		1 X Yes 2 No
nylanı a-fst	cto	10e, Street and Number	10f. Zip Code	10g. C	tizen of What Country?
ith the Maryland 23a or 28a-f sho notified at once.	Director	802 WINSTON AVENUE	21212	1.43. 0.	USA
ith th			Was Decedent of Hispanic Origin? (	Specify Yes or No-	14. Race - American Indian, Black,
ath w	Funeral	1 Never Married 2 Married Armed Forces?	f Yes, specify Cuban, Mexican, Puer		White, etc.
ter de		1 Yes 2 X No 3 Widowed 4 X X Divorced If Yes, Give Year 1	Yes 2 X No specify:		Specify: BLACK
urs af fural amin	d by	15. Decedent's Education (Specify only highest grade completed) 16a. Decedent	dent's Usual Occupation (Give kind o		Kind of Business/Industry
5 72 ho u "na al Ex	ete	Elementary/Secondary (0-12) College (1-4 or 5+)	most of working life. DO NOT use re		
5-0036 led within 7 Hygiene t other thau	ompleted	10TH GA	RDNER	1	HORTICULTURE
5-0 led w Hygic t othe	C	17. Father's Name (First, Middle, Last)		ne (First, Middle, Maide	
2121 ould be fil Mental I warked	Be	JOSEPH F. HEBB		G. HOLLY	
D 2 should md M is un	ျ		ling Address (Street and Number o		
Baltimore, MD 21215-0036  Bernit Pages I and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene Important: If tiem 27 is warked other than "natural", or items 23a or 28a-f she injury or other traumatic event, the Medical Examiner must be notified at once			8 CRADDOCK AV,		Location - City or Town, State
Ore of He If it		1 v Burial 2 Cremation 3 Removal from State crematory or	other place)	1	•
timent trant:		4 Boriation 5 Other Specify		0/6/06 E	BALTIMORE, MD
Balti permit Departini Imports injury o		21. Signature of Funeral Service Licensee	2. Name and Address of Facility	OWELL FUN	JERAL HOME 21207 7, BALTIMORE, MD
Physician		23a Part 1. Enter the disease, or complications that caused the down. Do not enter			
/Medical		failur. List only one cause on each line.			Between Onset and Death
Examiner		Imitate Cause (Final disease or condition resulting in death)  a. Seizure disorder compliation of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compliant of the compli	cated by hypotherma		
-ent d		Sequentially list conditions, b	_		
	iner	if any, leading to immediate Due to (or as a consequence of): cause. Enter Underlying Cause			
q	Examine	(Disease or injury that initiated events resulting in death) Last  Due to (or as a consequence of):			
760, ficate be executed g physician and the burial - transit		d			
68760, certificate be executed nding physician and	an/Medical	X UNPENDED □ AMENDED #23a,27,28a-f, r	erME, g862, 12/12/06	TT	
68760, ertificate be ding physic e as the bur	₩	IF FEMALE: 23c. If yes, outcome of pregnancy		2	3d. Date of delivery
68 certif	iä	past 12 months?	Fetal death 3 Ectopic preg	nancy	Month Day Year
Box e death the atter ed for us	Physic	1 Yes 2 No 9 Unknown	Other (Specify)		
of Vital Records, P.O. Box 6876 ing Physician: The law requires that the death certificate After this certificate has been signed by the attending phy funeral director, page 2 should be detached for use as the		Part II. Other significant conditions contributing to death but not resulting in the	e underlying cause given in Part I.	23e, Did tobacco	use contribute to the cause of death?
P.O. res that the signed by be detacled	d by			1 Yes 2	No 3 Probably 4 Unknown
rds requi	Completed			24a. Was an	24b. Were autopsy findings available
e law e has ge 2 sl	ᇤ			autopsy performed	
Re I: Th lificat		25. Was case referred to medical	26 Place of Death (Chec	Yes 2	No 1 Yes 2 No
/ital siciar is cerr lirecto	o Be	examiner? Hospital: A lengtion 2 FR/Outrot	Other -		dence 6 🗸 Other. Scene
of V g Phy ter th	⊢	27. Manner of Death 28a. Date of Injury 28b. Time		28d. Describe how in	niury occurred
Division of Vital Records, rate dear describing the law requirment and retain. The law requirment dear death. After this certificate has been sind in by the funeral director, page 2 should the	흲	1 Natural 5 Pending Fnd 9/28/2006 FNd 9:	1 Yes 2 No		osed to cold wet
r Atte r Atte ler de irecte n by t	ig	2 X Accident Investigation 3 Suicide 6 Could not be 28e. Place of Injury - At home, farm, s		28f. Location (Street	and Number or Rural Route Number, City
Division spital or Attent hours after death meral Director:	Certification:	4 Homicide determined (Specify) found at rear s	street address	Baltimore,	AD 2211 York Road
Hosp 24 ho Func tely f		29a Certifier 1 Certifying Physician: To the best of my knowledge, death on			
Division of Vital Records, P.O. Box within 24 hours after datuming Physician: The law requires that the death within 24 hours after dated.  To the Funeral Director: After this certificate has been signed by the atter completely filled in by the funeral director, page 2 should be detached for u	Medical	one) 2 Medical Examiner: On the basis of examination and/or investigand manner stated.	gation, in my opinion, death occurred	d at the time, date and p	lace, and due to the cause(s)
->E0	ž	29b Signature and title of certifier	29c. License number		Date signed (Month, Day, Year)
		Theodore U. Third JAGA	O.C.M.E.	Se	ptember 30, 2006
		30. Name and address of person who complete cause of leg h (Item 23a)			
		Theodore M. King, Jr., MD. Assistant Medical Examiner	111 Penn Street, Baltimo	ore, MD 21201	
S Regis	tate	31. Date filed (Month, Day, Year) OCT 0 4 2006  32. Registrar's Signature	arte		
100	ATES!	To the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se	•		

Please Type or Print in Black Indelible Ink State of Maryland / Department of Health and Mental Hygiene

2006 31439

Physician Examines  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne August (2016)  Anne A			1- For State Registrar		Certific	ate of Dea	th		Re	eg. No.	0 0140
Mark D. Jennings September 28, 2006   122 hrs.	Physicia			ast)					2. Date of Deat	th	3. Time of Death
907 First Street Apartment 2  Steel Security Processing Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Contro			Mark D.	Jenning	JS				Septembe	er 28, 2006	1822 hrs
Social Security Number  2 00-70-930   Security Number  2 00-70-930   Security Number  2 00-70-930   Security Number  2 00-70-930   Security Number  2 00-70-930   Security Number  2 00-70-930   Security Number  2 00-70-930   Security Number  3 00-70-70-70-70-70-70-70-70-70-70-70-70-7	1.5		4a. Facility Name (if not institution,	give street and number)	· · · · · ·	4b. City	Town, or L	ocation of Dea	th		i i
220-70-0930   XM   2   F   50   Vrs.   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South   South			907 First Street Apartm	ent 2		Broo	oklyn			Anne Arunde	el
220-7-0-0-930   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Value   50   Va	Funeral		Social Security Number 6	Sex 7. Age	(In yrs. last bir	thday) If Un	der 1 Year	If Under 24H	s. 8. Date of Bir		
This first and one of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of			220-70-0930	VM 2 F	50		ths Days	Hours Mi	n. 09/22	2/1956 Fore	eign Country) PA
The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		ŀ		A WI Z		113.		l	03/22	7 1300	
1   X   Nove Married   2   Married   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Y	á			1	0c. City, Town	or Location					10d. Inside City Limits
1   X   Nove Married   2   Married   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Y	9 W 3		Maryland Anne	Arundal	-		Ra I	timore			1 Yes 2 y No
1   X   Nove Married   2   Married   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Y	/land -f sh	후		// dilde i		106 7		- Inioi C	14	On Citizen of Mhat Co	
1   X   Nove Married   2   Married   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Y	Mary - 28a	<u>9</u>				101. 2			,	og. Citizen of what Co	and y r
1   X   Nove Married   2   Married   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Yes   2   Y	h the 3a ou		907 1st Street								
Photo Engraver    Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo	h wit ms 2 be n	era		Annual Farmer	ver in U.S.						
Photo Engraver    Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo	deat or ite	<u>اج</u>		1 Yes 2 >	( No						
Photo Engraver    Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo	after iner			or Dates:							
Photo Engraver    Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo Engraver   Photo	nours natur									16b. Kind of Busines	s/Industry
The first of the control of the second of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the con	6 172 1 cal F	jet		College (1-4 or 5+	•)						
The first of the control of the second of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the con	vithir ene.	Ĕ				<u>Photo</u>					avure
The first of the Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Center Cent	5-C						1.			,	
The first of the control of the second of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the con	121   be fi   entai										
The first of the control of the second of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the con	2 2 2 2 2 3 2 3 3 3 3 3 3 3 3 3 3 3 3 3	٤									te, Zip Code)
The first of the control of the second of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the con	ME dd 2 sl			(broth							T 01-1-1
The first of the control of the second of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the con	Fe, lan fiter fiter er tr			3 Removal from State						20c. Location - City	or rown, State
Physician Medical Examinor  2 3a   Part I Embty no disease, of chrifo(lastions that caused the death. Do not enter the mode of tyring, such as cardiac or respiratory arrest, shock, or heart allurus. List only one cause of the him.  2 3a   Part I Embty no disease, of chrifo(lastions that caused the death. Do not enter the mode of tyring, such as cardiac or respiratory arrest, shock, or heart allurus. List only one cause of the him.  3 a AlcOhol and narcotic intoxication  but to (or as a consequence of):  5 a   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   J	Pages ent of					Haven Ce	emeter			Glen Burn	ie Marvland
Physician Medical Examinor  2 3a   Part I Embty no disease, of chrifo(lastions that caused the death. Do not enter the mode of tyring, such as cardiac or respiratory arrest, shock, or heart allurus. List only one cause of the him.  2 3a   Part I Embty no disease, of chrifo(lastions that caused the death. Do not enter the mode of tyring, such as cardiac or respiratory arrest, shock, or heart allurus. List only one cause of the him.  3 a AlcOhol and narcotic intoxication  but to (or as a consequence of):  5 a   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   June 10   J	nit I artm eartm				0.1011						
Prysician Medical Skilling of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t	Dep Dep III		Um 2 SAI	1		311	Mour	ntain R	oad. Pas	adena. Mar	vland 21122
The dore of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the contr	Physician		23a. Part I. Enter the disease, or co	proplications that caused the	ne death. Do r	ot enter the mod	e of dying, s	such as cardiad	or respiratory arr	est, shock, or heart	Approximate Interval
Condition resulting in death)  The to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (o	/Medical			and Alcohol and	narcot	ic intoxic	ation				
Use to (or as a consequence of):    The control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of	Examiner					LO IIICONIC					
Use to (or as a consequence of):    The control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of			Sequentially list conditions	b							
Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   C		ner	if any, leading to immediate	Due to (or as a consec	uence of):						
Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   Column   C		ami	(Disease or injury that initiated	C. Due to /or as a consec	utence of):						<del></del>
The color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the c	ted I Insit	Ex	events resulting in death). Last	d	1001100 017						
29b. Signature and title of certifier  29c. Eldense number  O.C.M.E.  September 29, 2006  30. Name and address of person who completed cause of death (Item 23a)  Theodore M. King, Jr., MD. Assistant Medical Examiner  111 Penn Street, Baltimore, MD 21201	execu in and II - tra	cal	V UNPENDED	AMENDED 4100	07.00	. 153 0		/o= /oc m			
296. Signature and title of certifier  O.C.M.E.  September 29, 2006  30. Name and address of person who completed cause of death (Item 23a) Theodore M. King, Jr., MD. Assistant Medical Examiner 111 Penn Street, Baltimore, MD 21201	o, o, e be e be system	ledi		#23a.			60, 10,	/25/06 11		23d Date of deliv	
296. Signature and title of certifier  O.C.M.E.  September 29, 2006  30. Name and address of person who completed cause of death (Item 23a) Theodore M. King, Jr., MD. Assistant Medical Examiner 111 Penn Street, Baltimore, MD 21201	876 ificat ng ph	n/N	23b. Was decedent pregnant in the				th 3	Ectopic preg	nancy		
29b. Signature and title of certifier  29c. Eldense number  O.C.M.E.  September 29, 2006  30. Name and address of person who completed cause of death (Item 23a)  Theodore M. King, Jr., MD. Assistant Medical Examiner  111 Penn Street, Baltimore, MD 21201	x 6	cia		December 4						1/	
29b. Signature and title of certifier  29c. Eldense number  O.C.M.E.  September 29, 2006  30. Name and address of person who completed cause of death (Item 23a)  Theodore M. King, Jr., MD. Assistant Medical Examiner  111 Penn Street, Baltimore, MD 21201	Boy death he att d for	ysi	1 Yes 2 No 9 Unkn	9 Unknown							
29b. Signature and title of certifier  29c. Eldense number  O.C.M.E.  September 29, 2006  30. Name and address of person who completed cause of death (Item 23a)  Theodore M. King, Jr., MD. Assistant Medical Examiner  111 Penn Street, Baltimore, MD 21201	at the		Part II. Other significant condition	ns contributing to death	but not resulti	ng in the underlyi	ng cause gi	ven in Part I.	23e. Did to	obacco use contribute	to the cause of death?
29b. Signature and title of certifier  29c. Eldense number  O.C.M.E.  September 29, 2006  30. Name and address of person who completed cause of death (Item 23a)  Theodore M. King, Jr., MD. Assistant Medical Examiner  111 Penn Street, Baltimore, MD 21201	P. es the								1Ye	s 2 No 3 P	robably 4 🗸 Unknown
29b. Signature and title of certifier  29c. Eldense number  O.C.M.E.  September 29, 2006  30. Name and address of person who completed cause of death (Item 23a)  Theodore M. King, Jr., MD. Assistant Medical Examiner  111 Penn Street, Baltimore, MD 21201	ds, equir	ete		<del></del>							
29b. Signature and title of certifier  29c. Eldense number  O.C.M.E.  September 29, 2006  30. Name and address of person who completed cause of death (Item 23a)  Theodore M. King, Jr., MD. Assistant Medical Examiner  111 Penn Street, Baltimore, MD 21201	COF law 1 has t	ď							perfo	rmed? death	
29b. Signature and title of certifier  29c. Eldense number  O.C.M.E.  September 29, 2006  30. Name and address of person who completed cause of death (Item 23a)  Theodore M. King, Jr., MD. Assistant Medical Examiner  111 Penn Street, Baltimore, MD 21201	Re The icate	ું								2 No 1	Yes 2 No
29b. Signature and title of certifier  29c. Eldense number  O.C.M.E.  September 29, 2006  30. Name and address of person who completed cause of death (Item 23a)  Theodore M. King, Jr., MD. Assistant Medical Examiner  111 Penn Street, Baltimore, MD 21201	tal inn: certif cector,			Hospital:				Othor:			
29b. Signature and title of certifier  29c. Eldense number  O.C.M.E.  September 29, 2006  30. Name and address of person who completed cause of death (Item 23a)  Theodore M. King, Jr., MD. Assistant Medical Examiner  111 Penn Street, Baltimore, MD 21201	Vil hysic this	.0	1 ✓ Yes 2 No	I IIIpatiell			DOA	4 1101	-		ner: Scene
296. Signature and title of certifier  O.C.M.E.  September 29, 2006  30. Name and address of person who completed cause of death (Item 23a) Theodore M. King, Jr., MD. Assistant Medical Examiner 111 Penn Street, Baltimore, MD 21201	ing P After Unera	ij	1 National -		y 28b ar)	. Time of Injury			28d. Describe	how injury occurred	
29b. Signature and title of certifier  29c. Eldense number  O.C.M.E.  September 29, 2006  30. Name and address of person who completed cause of death (Item 23a)  Theodore M. King, Jr., MD. Assistant Medical Examiner  111 Penn Street, Baltimore, MD 21201	ion tend cath. tor:	aţi	5 Pendir	nation FIRE 5/20/2							
29b. Signature and title of certifier  29c. Eldense number  O.C.M.E.  September 29, 2006  30. Name and address of person who completed cause of death (Item 23a)  Theodore M. King, Jr., MD. Assistant Medical Examiner  111 Penn Street, Baltimore, MD 21201	ViS or At fter d Direc	ij		28e Place of Init	ıry - At home,	farm, street, facto	ory, office bu	uilding, etc.	28f. Location (	Street and Number or	Rural Route Number, City Street Ant 2
29b. Signature and title of certifier  29c. Eldense number  O.C.M.E.  September 29, 2006  30. Name and address of person who completed cause of death (Item 23a)  Theodore M. King, Jr., MD. Assistant Medical Examiner  111 Penn Street, Baltimore, MD 21201	Dital ours a strail I	E	determ	ined (Specify) Te	esidence				Brooklyr	1. MD	burece npt. 2
29b. Signature and title of certifier  29c. Eldense number  O.C.M.E.  September 29, 2006  30. Name and address of person who completed cause of death (Item 23a)  Theodore M. King, Jr., MD. Assistant Medical Examiner  111 Penn Street, Baltimore, MD 21201	Hosp 24 hc Func		Charter Certifying Fire	sician: To the best of my	knowledge, de	eath occurred at t	he time, da	te and place, a	nd due to the caus	se(s) and manner as s	arted.
296. Signature and title of certifier  O.C.M.E.  September 29, 2006  30. Name and address of person who completed cause of death (Item 23a) Theodore M. King, Jr., MD. Assistant Medical Examiner 111 Penn Street, Baltimore, MD 21201	o the ithin o the	ģ	one) 2 Medical Exam	iner: On the basis of exam and manner stated.	ination and/or	investigation, in	my opinion,	death occurre	d at the time, date	and place, and due to	the cause(s)
30. Name and address of person who completed cause of death (Item 23a) Theodore M. King, Jr., MD. Assistant Medical Examiner 111 Penn Street, Baltimore, MD 21201	F S F S	₹	29b. Signature and title of certifier	11		2	gc. License	number		29d. Date signed (A	fonth, Day, Year)
30. Name and address of person who completed cause of death (Item 23a) Theodore M. King, Jr., MD. Assistant Medical Examiner 111 Penn Street, Baltimore, MD 21201			1/11/11	Kind To	m. C	,	O.C.N	Л.Ė.		September 29,	2006
Theodore M. King, Jr., MD. Assistant Medical Examiner 111 Penn Street, Baltimore, MD 21201	101		30. Name and address of person v			·				<del></del>	
120 Martin Country	V						enn Str	eet, Baltimo	ore, MD 2120	1	
		tate	31. Date filed (Month, Day, Year)	32. egistrar	s Signature	Acres 1.	,				

			1 - For State Registrar	State of Ma	aryland / Dep <i>Ce</i>	partment of Hertificate of L	ealth and N Death	Mental Hygie	2006	31440
	Physici		1. Decedent's Name (First, Middle Judith Kay	, Last) Kopp – Ar	nderson			2. Date of Death	3 ^{Pay} 20 <b>0</b> 6°	3. Time of Death 7:35a M
<b>)</b> <	/Medic Examin		4a. Facility Name (If not institution, Gilchrist Hospic	-		4b. City, Town, or Baltimor	Location of Death		4c. County of Dear	imore
	Funeral Director		5. Social Security Number 469-84-3229	6. Sex 7. Age 1 ☐ M 2 ☐ F	e (In yrs. last birthda 45 Yrs.	y) If Under 1 Year Months Days	If Under 24 Hrs. Hours Min.	8. Date of Birth (Month, Day, Y	ear) 9. Bird Co 1961 <b>Minn</b> e	hplace (State or Foreign buntry) Papolis, MN
	aryland show	ڀ	Usual Residence of Decedent  10a. State 10b. County  MD Howal	rd	10c. City, Town or Columbia					10d. Inside City Limits 1 ☐ Yes 2 ☐ No
	h the Ma r 28a-f s r colffie	Director	10e. Street and Number			10f. Zip Code		10g	. Citizen of What Co	
	23a c	ai	6309 April B	rook Circle		21045			USA	
36	n 72 hours after death with the Maryland *neturel; or Items 23a or 28a-f show calcal Exaction from be redified at	by Funeral	11. Marital Status  1 □ Never Married	12. Was Decedent I Armed Forces?	Ever in U.S. 13	3. Was Decedent of Hi If Yes, specify Cuba 1 ☐ Yes 25 No		pecify Yes or No- p Rican, etc.)	14. Race - Ame Black, Whit Specify: Wh	e, etc.
9500-612	72	Completed	15. Decedent (Specify only highes Elementary/Secondary (0-12)	's Education t grade completed)  College (1-4or 5	(Gir	cedent's Usual Occupa ve kind of work done of DO NOT use retired	ation during most of world)	king 16	b. Kind of Business	Andustry
7	d wit	Son	12	1		es Represe	entative		Gift comp	any
and	\$ 5 m @	To Be (	17. Father's Name (First, Middle, I Paul Kopp	Last)			18. Mother's Nam Donna P	ne (First, Middle, Ma Prende	iden Sumame)	
Maryland	es 1 and 2 should b of Health and Ment of Item 27 is marked ir other traumatic e	-	19a. Informant's Name/Relations!  Lee Anderson /			iling Address (Street a			City or Town, State, 2	
Baltimore,	Pages 1 au ent of Hea nt: If Item ry or othe		20a. Method of Disposition  1 ☐ Burial 2 ☐ Cremation  4 ☐ Donation 5 ☐ Other (S)	3 Removal from State	20b. Place of Dis cemetery, co Guardian Cemeter	position (Name of rematory or other place Angels	ea)		c. Location - City or haska, MN	
Balti	permit. Pages Department of t Importent: If Ite any Injury or or once.		21. Signature of Funeral Service			y 22 Name and Addres harles L. 501 East E	s of Facility Stevens Fort Aven	Funeral H we, Balti	lome Inc. more, MD	21230
	Physician		23a. Part1. Enter the disease, or shock, or heart failure. List Immediate Cause (Final	complications that caused only one cause on each lin	the death. Do not e		g, such as cardiac			Approximate Interval Between Onset and Death
	/Medical Examiner		disease or condition resulting in death)	Due to (or as	a consequence of):	. Con	CER			June
8760,	be executed sicien and burial-transit	ical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	c	a consequence of):					
687	physicate s the			d						
O. Box 6	The law requires that the death certificate ate has been signed by the ettending physpage 2 should be detached for use as the	Physician/Med	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 □ Yes 2 □ No 9 □ Unknown	23c. If yes, outcome 1 □ Live birth 4 □ Pregnant at 9 □ Unknown	2 Fetal death	3□Ectopic pregnancy 5□ Other (specify)	,		23d. Date of de Month	livery Day Year
ď	uires that the signed by die detac	Ď	Part II. Other significant condition	ons contributing to death b	ut not resulting in the	underlying cause give	en in Part I.			o the cause of death?
Records,	he law require e has been si age 2 should l	Completed			***************************************			24a. Was an autopsy performe	prior to death?	utopsy findings available completion of cause of
ā		0	25. Was case referred to medical	-			26. Place of Dea	ith (Check only one)	12.10	/
Division of Vital	his Lib	tion: To B	examiner?  1 Yes 2 No  27. Manner of Death 1 Natural 5 Pendin 2 Accident investig			of 28c. Injury	4 🗀 Nursing n	ome 5 Resident		ocity) Hespite
Divisi	2 4 7 5	Certification:	3 Suicide 6 Could determ	ined 280. Place of Inj	ury - At home, farm, c. (Specify)	street, factory, office		28f. Location (Stre City or Town,	et and Number or R State)	ural Route Number,
	To the Hospital within 24 hours a To the Funeral Completely filled	edical C	(Check only 2 Medical	g Physician. To the best Examiner: On the basis o and manner st	f examination and/or	investigation, in my o	pinion, death occu	rred at the time, date	e and place, and du-	e to the cause(s)
	To th within To th compl	Me	29b. Signature and title of certifie	my Alen	uno	29c. Licens	e number	290	Date signed (Mon.	th, Day, Year)
	10		29b. Signature and title of certifie  30. Name and address of person  31. Date filed (Month, Day, Year)	who impleted cause it of	leath (Item 23a) (Typ	De, Print) N. Cho	arles St.	Balto.	md 212	rox
	St: Regist	ate rar	31. Date filed (Month, Day, Year)	4 2006 32. Registr	ar's Signature	Gode			,,	

Please Type or Print in Black Indelible Ink State of Maryland / Department of Health and Mental Hygiene Jessica Anne Kelly 1- For State Certificate of Death Reg. No Registrar Decedent's Name (First, Middle, Last) 2. Date of Death Physician/ Month Day October 1, 2006 0329 hrs Medical Examiner JESSICA ANNE KELLY 4c. County of Death 4a. Facility Name (if not institution, give street and number) 4b. City, Town, or Location of Death Worcester Route 50 west of Route 610 9. Birthplace (State or 5. Social Security Number 6 Sex 7. Age (In vrs. last birthday) If Under 1 Year If Under 24Hrs. Date of Birth (MM/DD/YYY **Funeral** Foreign Country) Maryland Months Davs Hours Director 10-26-1983 22 219-21-0802 2 X F M Usual Residence of Decedent 10d. Inside City Limits IOc. City, Town or Location 10b. County 1 X Yes 2 No or 28a-f show Hyattsville Maryland Prince George's death with the Maryland notified at once Director 10g. Citizen of What Country? 10f. Zip Code 10e. Street and Number U.S.A. 3410 Pennsylvania Street 20783 or items 23a Funeral 13. Was Decedent of Hispanic Origin? (Specify Yes or No-11. Marital Status 12. Was Decedent Ever in U.S. Race - American Indian, 8lack. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) White etc Armed Forces? 1 X Never Married 2 Married 2 X No Yes Give Year Yes 2 X No specify. White Widowed Divorced Specify: Examiner "natural". ģ 16a Decedent's Usual Dccupation (Give kind of work done 6b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Completed during most of working life. DD NDT use retired) Baltimore, MD 21215-0036
permit Pages I and 2 should be filed within 72 h
Department of Health and Mental Hygiene
Important: If item 27 is marked other than "n
injury or other traumatic event, the Medical E. Elementary/Secondary (0-12) College (1-4 or 5+) Pages 1 and 2 should be filed within 72 h nent of Health and Mental Hygiene nnt: If item 27 is marked other than "r the Medical Student Education 17 Father's Name (First, Middle, Last) 18.Mother's Name (First, Middle, Maiden Surname) Debra Lee Carr Be John Joseph Kelly 19b, Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) ၉ John Joseph Kelly - Father 3410 Pennsylvania Street, Hyattsville, MD 20783 20c. Location - City or Town, State 20b. Place of Disposition (Name of cemetery, Date 20a. Method of Disposition crematory or other place) 2 Cremation 3 Removal from State Gate of Heaven Cemetery 10/5/2006 Silver Spring, MD Donation 5 Dther Specify: 22. Name and Address of Facility Gasch's Funeral Home, P.A. Signature of Funeral Se 4739 Baltimore Avenue, Hyattsville, MD 20781 Part Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart **Physician** failure. List only one cause/on e c line. Between Onset and /Medical Death mediate Cause (Final diseas /a Pead and neck injuries ≒xaminer or condition resulting in death) Due to (or as a consequence of): Sequentially list conditions, Due to (or as a consequence of) if any, leading to immediate cause. Enter Underlying Cause Examiner (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of) tending physician and use as the burial - tran Physician/Medical UNPENDED AMENDED Box 68760, IF FEMALE: 23d. Date of delivery 23c. If yes, outcome of pregnancy 3b. Was decedent pregnant in the 3 Ectopic pregnancy Year Live birth Fetal death attending past 12 months? Pregnant at time of death 5 Other (Specify) 1 Yes 2 No 9 V Unknown icate has been signed by the att page 2 should be detached for Unknown 23e. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. of Vital Records, P.O. ģ 1 Yes 2 V No 3 Probably 4 Unknown Completed 24a Was an 24b Were autopsy findings available prior to completion of cause of autopsy certificate has performed? ✓ Yes 2 No 1 🗸 Yes 26.Place of Death (Check only one) 25. Was case referred to medica Fo the Hospital or Attending Physician: director, Be Other₄ examiner? Inpatient 2 ER/Outpatient 3 DOA Nursing Home 5 Residence 6 ✔ Other: Scene this 1 🗸 Yes မ 2 28a. Date of Injury (Month Day, Year) Oct 1, 2006 28c. Injury at Work? 28d. Describe how injury occurred 27. Manner of Death 28b. Time of Injury Certification: Driver auto fixed object collision 0304 hrs Division Natural Yes 2 V No Pending Funeral Director: 2 🗸 Accident Investigation 28f. Location (Street and Number or Rural Route Number, City 28e. Place of Injury - At home, farm, street, factory, office building, etc 3 Could not be Suicide or Town State determined Route 50 west of Route 610, Berlin, MD (Specify) Major Road / Highway Homicide 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as started Medical To the 2 Medical Examiner: Dn the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated 29c. License number 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifier October 2, 2006 O.C.M.E MD 30. Name and address of person who completed cause of death (Item 23a) 0 111 Penn Street, Baltimore, MD 21201 Tasha Greenberg MD. Assistant Medical Examiner

State Registrar

31. Date filed (Month, Day, Year) OCT 0 4 2006

32. Registrar's Signature

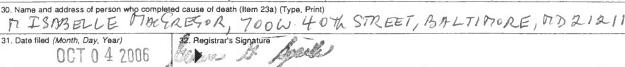
Please Type or Print in Black Indelible Ink. Ensure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygien 2006 31442 For State Registrar Certificate of Death 2 Date of Death 3. Time of Death 1. Decedent's Name (First, Middle, Last) September 27 2006 6:50 P **Physician** Georgia Ann Kline /Medical 4c. County of Death 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death Examiner Keswick Multicare Center Baltimore N/A | If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Day, Year) | OCT 27, 19 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1□M 257F 215-22-6736 81 Director 1924 Virginia Usual Residence of Decedent 10a. State 10c. City, Town or Location 10d. Inside City Limits 10b. County 28a-f show the Medical Examiner must be notified at 1 XYes 2 No Maryland N/A Baltimore Direct 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 23a or 700 W. 40th Street 21211 USA Funeral or Items 2 12. Was Decedent Ever in U.S. Armed Forces? 1 ☐ Yes 2 1 No If Yes, Give Year or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11. Marital Status filed within 72 hours after 1 Never Married 2 Married Baltimore, Maryland 21215-0036 1 ☐ Yes 2 XNo Specify: White Specify: Completed by 3 Widowed 4 ☐ Divorced "natural" 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry other than Elementary/Secondary (0-12) College (1-4or 5+) permit. Pages 1 and 2 should be filed w Department of Health and Mental Hygier Important: If item 27 is marked other it, any injury or other traumatic event, that once. Entrepreneur Domestic 18. Mother's Name (First, Middle, Maiden Sumame) 17. Father's Name (First, Middle, Last) Be George Grim Agatha Rebecca Milburn ပ 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Millicent Elizabeth Kline Kennedy -daughter 4992 Tucumcari Trail Sarasota, FL 34241 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 20a. Method of Disposition 1 Burial 2 XCremation 3 Removal from State All County Cremation 10/3/2006 Sykesville, MD 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of typeral Say Colingrote Dawn F. McDonald Haight Funeral Home and Chapel P.O. Box 195 Sykesville, MD 21784 (410-795-1400) 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) cardiovascular disease ears. Physician Hyper tempore /Medical Due to (or as a consequence of) zaminerگ if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of) Examine or Attending Physician: The law requires that the death certificate be executed use as the burial-transit P.O. Box 68760 Due to (or as a consequence of) Physician/Medical IF FEMALE 23c. If yes, outcome of pregnancy 1 Live birth 2 Fetal dea 23d. Date of delivery 23b. Was decedent pregnant 2 | Fetal death 3 Ectopic pregnancy in the past 12 menths? Day Year Month 4☐ Pregnant at time of death 5 Other (specify) 9 Unknown this certificate has been signed al director, page 2 should be det Part ll-Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? Division of Vital Records, Completed by 1 ☐ Yes 2 ☑ No 3 Probably 4 Unknown disease and history of walve 24b. Were autopsy findings available prior to completion of cause of death?

1 ☐ Yes 2 ☐ No 24a. Was an autopsy Cerebro vasenlar replacement, 1 Yes 2 1 No Be 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To 3□ DOA 27. Mann of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred After 1 A atural 5 Pending 1 ☐ Yes 2 ☐ No death. investigation 2 ☐ Accident within 24 hours after deat To the Funeral Director: 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) in by t 4 Homicide Hospital 1 (Contifying Physicien: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated Medicai 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one) 9 29c. License number 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifier

State Registrar

Q

31. Date filed (Month, Day, Year) 0 4 2006



Gregar MID

D13657

September 28, 2006

State of Maryland / Department of Health and Mental Hygiene 1- State Amend item#18, perFH, C860, 10/4/06 TT Certificate of Death Registrar 1. Decedent's Name (First, Middle, Last) 2 Date of Death SEPTEMBER 30, 2006 4:40 PM Physician KAPLAN HARRY /Medical 4a. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner CARROLL WESTMINSTER CARROLL COUNTY HOSPITAL If Under 1 Year | If Under 24 Hrs. Date of Birth 07/12/32/1917 Birthplace (State or Foreign Country)
 NV 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) Days **Funeral** Min. NY 1**∑**M 2□F Months Hours 89 112-01-7861 Director Usual Residence of Decedent 10d. Inside City Limits 10c. City, Town or Location 10b. County 10a State or 28a-1 show ris marked other than "natural", or itema 23a or 28a-1 show traumatic svent, the Madical Experiment must be notified at 1 ☐ Yes 2 👿 No SYKESVILLE Director CARROLL MD 10f. Zip Code 10g. Citizen of What Country? 10e. Street and Number USA 21784 1002 ORCHARD DALE DRIVE Completed by Funeral filed within 72 hours after deeth 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. Was Decedent Ever in U.S. Armed Forces? 1 X Yes 2 □ No If Yes, Give Year or Dates: 14. Race - American Indian Black, White, etc. 1 Never Married 2 Married WHITE Baltimore, Maryland 21215-0036 1 ☐ Yes 2 X No Specify: Specify: 3 X Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) al Hygiene. College (1-4or 5+) MILK DELIVERY 18. Mother's Name (First, Middle, Maiden Surname) Himelfarb 17. Father's Name (First, Middle, Last) Be Pages 1 and 2 should be fit ment of Health and Mental H ant: if Item 27 is marked ott KAPLAN MORRIS 2 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) 1002 ORCHARD DALE DRIVE - SYKESVILLE, MD 21784 EILEEN SACHS / DAUGHTER other 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 20a. Method of Disposition 5 1 A Burial 2 Cremation 3 Removal from State permit. Page Department of important: if sny injury or once. REISTERSTOWN, MD OHEB SHALOM MEMORIAL PARK 10/3/06 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility SOL LEVINSON & BROS., INC. 21. Sign turn of Funeral Service Lice 8900 REISTERSTOWN ROAD - PIKESVILLE, MD 21208 23a. Parti. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death day Immediate Cause (Final **Physician** disease or condition resulting in death) MILLMONI /Medical Due to (or as a consequence of): Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury Due to (or as a consequence of) Examiner To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the attending physicien and that initiated events resulting in death) Last Due to (or as a consequence of) Box 68760, Completed by Physician/Medical as 23c. If yes, outcome of pregnancy 1 ☐ Live birth 2 ☐ Fetal death 23d Date of delivery 23b. Was decedent pregnant 3 Ectopic pregnancy in the past 12 months? Month Day Year ö 4 Pregnant at time of death 5 Other (specify) signed by the at the detached for 1 ☐ Yes 2 ☐ No Records, P.O. 9 Unknown 9 Unknown 23e. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yes 2 No 3 Probably 4 Unknown 24a. Was an autopsy performe 24b. Were autopsy findings available prior to completion of cause of death?

1 ☐ Yes 2 ☐ No 2 No 1 Yes Division of Vital Be 25 Was case referred to medical examiner? 26. Place of Death (Check only one) Cther: 1 X patient 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 1 ☐ Yes 2 ☑ No 2 ER/Outpatient 3□ DOA 2 After thi funeral ate of Injury (Month, Day Year) 28c. Injury at Work? 28b. Time of 28d. Describe how injury occurred 27 Manner of Death Certification: 1 Natural 5 Pending 1 ☐ Yes 2 ☐ No М investigation 2 Accident the 6 Could not be 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) determined 4 Homicide 🔀 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29a. Certifier Medical 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29c. License number 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifier 062843 9-30-2006 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Peter Carroll C+1. Cromoton 32. Paristrar's Signature 31. Date filed (Month, Day, Year) State OCT 0 4 2006 Registrar

			1 - State Amend item#5, pe	State of Man	land Dep 4/06 TI Ce	artment of F	lealth and Death	I Mental Hyg	iene 19. N <b>2</b> 0 0 6	
	Physici /Medic		Decedent's Name (First, Middle, Last)     EDITH			DECK		SEPT. 3	0, Day 2006 Year	
	Examir		4a. Facility Name (If not institution, give s MILFORD MANOR NURS	ING HOME		4b. City, Town, o	ORE		4c. County of De BALTIMO	RE
	Funeral Director		5. Social Security Number 1818 6. Sex 216-07-1918	7. Age (//	n yrs. last birthday, 88 Yrs.	If Under 1 Year   Months   Days	If Under 24 H Hours M		918	inthplace (State or Foreign Country) MD
	Maryland I-f show	tor	10a. State 10b. County	IMORE	Oc. City, Town or L	ocation	RANDALI	_STOWN		10d. Inside City Limits 1 ☐ Yes 2 📉 No 🔞
	h with the 23a or 28a	al Director	10e. Street and Number 8606 WOODSPRING R	OAD		10f. Zip Code	21:	133	0g. Citizen of What (	USA
980	in 72 hours after death with the Maryland "natural", or itema 23a or 28a-f show sedeal Examinar must be notified at	by Funeral	11. Marital Status  1 Never Married 2 Married  3 M Widowed 4 Divorced	Was Decedent Ever Armed Forces?     □ Yes 2 M No If Yes, Give Year or Dates:	or in U.S. 13.	Was Decedent of H II Yes, specify Cub 1 ☐ Yes 2 1 No	lispanic Origin? an, Mexican, Pu Specify:	(Specify Yes or No- erto Rican, etc.)	14. Race - An Black, Wh Specify:	nerican Indian, lite, etc. WHITE
Maryland 21215-0036	d within 72 jiene. r then "nei tre Medic	Completed	15. Decedent's Educ (Specify only highest grade Elementary/Secondary (0-12) 12	cation completed) College (1-4or 5+)	(Give	dent's Usual Occup e kind of work done DO NOT use retire EMAKER	pation during most of v d)	vorking	16b. Kind of Busines	ss/Industry
/land	be file ital Hyg ad othe event.	To Be C	17. Father's Name (First, Middle, Last) MEYER		FINE		18. Mother's N	lame ( <i>First, Middl</i> e, M CA		UNKNOWN)
	d 2 sho h and 7 is m traum		19a. Informant's Name/Relationship (Type ROBERT KODECK / S	ON	2008	JOLLY R	OAD - B	ALTIMORE,	MD 21209	
Baltimore,	Pages 1 and ment of Healt tent: If item 2 jury or other		20a. Method of Disposition  1			osition (Name of matory or other pla DESH BETH		10/1/2006	20c. Location - City of BALTIM	ORE, MD
Bait	permit. Depertra Importa eny inju		21. Signature Funeral Service Oceanie	ruger			TERSTOW		IKESVILLE	., INC. , MD 21208
	Physician /Medical Examiner		23a. Part1. Enter the disease, or complications, complications or heart failure. List only on immediate Cause (Final disease or condition resulting in death)	Due to (or as a c	ctasta	ter the mode of dyir	Such as card	iac or respiratory arro	a-c16	Approximate Interval Between Onset and Death
760, 1	e be executed sicien and e burial-transit	cal Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	Due to (or as a c		, , , , , , , , , , , , , , , , , , , ,				
P.O. Box 68	The law requires that the death certificat tie hes been signed by the attending phy age 2 should be detached for use as th	Physician/Medi	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 ☐ Yes 2 [If No 9 ☐ Unknown	3c. If yes, outcome of a 1 Live birth 2 [ 4 Pregnant at time 9 Unknown	Fetal death 3	⊒Ectopic pregnanc □ Other (specify)	у		23d. Date of d Month	lelivery Day Year
	quires that n signed b uld be deta	δ	Part II. Other significant conditions con	tributing to death but r	not resulting in the t	underlying cause giv	ven in Part I.	23e. Did tot	_ /	to the cause of death?  Probably 4 ☐Unknown
I Records,		Completed						24a. Was a autops perforr	y prior to ned? / prior to death	autopsy lindings available ocompletion of cause of
Vital	Physician: This certifical	Be	25. Was case referred to medical examiner?	ospital:		0#	nor /	eath (Check only on		
of	Te le	tlon; To	1 Yes 2 No "  27. Manner of Death 1 atural 5 Pending 2 Accident investigation	28a. Date of Injury (Month, Day Y	2 ☐ ER/Outpatie 28b. Time ( ear) Injury	of 28c. Injur	4 Jurursing	28d. Describe ho	ence 6 ⊡Other (Sp ow injury occurred	oecify)
Division	ial or Attandii s after death. af Diractor; A ad in by the fu	Certification;	3 Suicide 6 Could not be determined	28e. Place of Injury building, etc. (	- At home, larm, st Specify)	treet, lactory, office		28f. Location (St City or Town	reet and Number or and State)	Rural Route Number,
	To the Hospital or I within 24 hours after To the Funeral Dirac completely filled in b	Medical (	29a. Certifier (Check outy one) 1 Certifying Physical Examination (Check outy one)	ician: To the best of n ier: On the basis of ex and manner stated	amination and/or is	wastigation in my	neinian donth a	In course and see because of		
)	To the within to the complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex c	Σ	29b. Signature and title of certifier	emm	m,D	29c. Licens	se number	5/ 3	9d. Date signed (Mo	nith, Day, Year)  Bet F 2016  Ly Layf 2120
	V		30. Name and address of parion who co	mpleted cause of deat	h (Item 23a) (Type	Print)	Por	AMES	Its mu	2 seed
*	Sta Regist		31. Date filed (Month, Day, Year)	32. Registrar's	Signature	granks)				

State of Maryland / Department of Health and Mental Hygien 0 0 6 31445 1 - For State Registrat Certificate of Death Reg. No. 2. Date of Death 1. Decedent's Name (First, Middle, Last) 3. Time of Death **Physician** SEPT.29,2006 3:29 P ROSE KAPLAN /Medical 4a. Facility Name (If not institution, give street and number) 4c. County of Death 4b. City, Town, or Location of Death Examiner N/A 2903 FALLSTAFF ROAD #303 21215 If Under 1 Year | If Under 24 Hrs. | Months Days Hours Min. | Birthplace (State or Foreign Country)
 M 5. Social Security Number 8. Date of Birth 11713/1913 7. Age (In yrs. last birthday) **Funeral** 1 ☐ M 2 1 F 92 MD 220-05-5577 Yrs. Director Usual Residence of Decedent the Maryland 10b. County al Hygiene. I other then "raturel" or items 23a or 28s-f show event, the Medical Exercit at must be notified at 10a. State 10c. City, Town or Location 10d. Inside City Limits 1 ¥ Yes 2 □ No Director BALTIMORE MD N/A 10f. Zip Code 10g. Citizen of What Country? 10e, Street and Number USA 2903 FALLSTAFF ROAD #303 21215 Funeral 12. Was Decedent Ever in U.S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indian, Black, White, etc. filed within 72 hours efter 1 Never Married 2 Married WHITE Baltimore, Maryland 21215-0036 1 ☐ Yes 2 🛣 No Specify: Specify: þ 3 X Widowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) STATE OF MARYLAND BOOKKEEPER permit. Pages 1 and 2 should be file Department of Health and Mental Hy, Important: If Item 27 is marked other eny Injury or other treumatic event, once. 18. Mother's Name (First, Middle, Maiden Surname) 17. Father's Name (First, Middle, Last) Be NENELMAN ISAAC FRIEDMAN **ESTHER** ပ 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) 9132 RUTH ELDER LANE - BALTIMORE, MD 21208 SANDRA POWERS / DAUGHTER 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 20a Method of Disposition 1 D Burial 2 ☐ Cremation 3 ☐ Removal from State ARLINGTON CHIZUK AMUNO 10/1/2006 BALTIMORE, MD 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility SOL LEVINSON & BROS., INC. 21. Signature of Funeral Service Licensee 8900 REISTERSTOWN ROAD - PIKESVILLE, MD 21208 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) congestive heart failure 5 deis Physician /Medical Due to (or as a consequence of): **Examiner** 2 years COTONOR artery Squentially list conditions if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): Examiner the attending physicien and hed for use as the burial-transit or Attending Physicien: The law requires that the death certificate be executed Due to (or as a consequence of): P.O. Box 68760. Physician/Medical IF FEMALE: 23c. If yes, outcome of pregnancy
1 Live birth 2 Fetal death 23d. Date of delivery 23b. Was decedent pregnant 3 ☐Ectopic pregnancy in the past 12 months? 1 ☐ Yes 2 ☐ No Month Dav Year detached for 4☐Pregnant at time of death 5 Other (specify) 9□ Unknown 9 Unknown 2 s been signed b Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? Division of Vital Records, Completed by 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause of death?

1 ☐ Yes 2 ☐ No 24a. Was an autopsy performed? certificete 2 No 1 ☐ Yes 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 ☐ Nursing Home 5 ☑ Residence 6 ☐ Other (Specify) Certification: To 1 Yes 2 No nours efter death.

neral Director; After this filled in by the funeral d 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28d. Describe how injury occurred 27. Manner of Death 28b. Time of 5 ☐ Pending investigation 1 Natural 1 ☐ Yes 2 ☐ No 2 Accident 6 ☐ Could not be 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) determined 4 T Homicide Hospital 24 hours 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a Certifier Medical within 24 ho To the Fune completely fi ů, 29c. License number 29d, Date signed (Month, Dav. Year) 29b. Signature and title of certifier Richard a Bey in D 20604 9/30/06 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

Richard A. Bers, MD; Suite 450; 10755 Fells Rd; Luthervile, Hot. 21093 32. Registrar's Signature 31. Date filed (Month, Day, Year)
OCT 0 4 2006 State Registrar

State of Maryland / Department of Health and Mental Hygien 2006 31446 1 - State Registrar Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month Day Physician MILDRED September 28, 2004 MARIE LEWIS 1010 AM /Medical 4b. City, Town, or Location of Death 4a. Facility Name (If not institution, give street and number) 4c. County of Death Examiner SPRING Brooke forme Rehabilitation and Nursian Center MANA MONTGOMERY If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Security Number 7. Age (In yrs. last birthday) 6. Sex Birthplace (State or Foreign Country) **Funeral** Months 1 □ M 2 🖾 F Yrs. March 18,1912 Pennsylvania Director 208-34-3884 Usual Residence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits irel', or items 23a or 28a-f ehow Examiner must be notified at 1 ☐ Yes 2 No Director MD Montgomery Rockville 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 14643 Bauer Drive, Apt. 201 20853 Completed by Funeral USA Pages 1 end 2 should be filed within 72 hours after death nent of Heatth and Mental Hygiene. ant: If Item 27 is marked other than "naturel", or Items 23 12. Was Decedent Ever in U.S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indian, Black, White, etc. 1 ☐ Yes 2 📉 No 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0036 1 ☐ Yes 2 No Specify: Specify: 3 Widowed 4 ☐ Divorced White or than "nature 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 8 Own Home Homemaker 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be 2 Emma Geaves Brinton O. Walters 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Floyd W. Lewis/Son 14115 Pleasant View Drive, Bowie, MD 20720 Item 2 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State f.⊠Burial 2 ☐ Cremation 3 ☐ Removal from State Department or important: If any injury or once. LaFayette Memorial Pk 10/2/06 4 ☐ Dogation 5 ☐ Other (Specify) Brier Hill, PA 22. Name and Address of Facility Skirpan Funeral Home 21. Signature of Funeral Service Licensee 135 Park Street, Brownsville, PA Momen enner 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final CEREBROUASCULAR ACCIDENT Physician disease or condition resulting in death) 20 DAL /Medical Due to (or as a consequence of): Examiner HYPERTENSIUN FARS Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury Due to (or as a consequence of) Examine attending physicien and for use as the burial-transit The lew requires that the death certificate be executed that initiated events resulting in death) Last Due to (or as a consequence of): P.O. Box 68760. Physician/Medical IF FEMALE: 23c. If yes, outcome of pregnancy 1 Live birth 2 ☐ Fetal death 23b. Was decedent pregnant in the past 12 months?
1 Yes 2 No 23d. Date of delivery 3 Ectopic pregnancy Month Year Day 4☐Pregnant at time of death 5 Other (specify) been signed by the should be detached 9 Unknown 9 Unknown Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? Division of Vital Records. ģ 1 Yes 2 No 3 Probably 4 Unknown Completed 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an certificate has lirector, page 2 s autopsy performed? 1□ Yes 1 ☐ Yes 2 ☐ No 2'No or Attending Physician: director, Be 25. Was case referred to medical 26. Place of Death (Check only one) Hospital: 1 | Inpatient | 2 | ER/Outpatient | 3 | DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) ٩ 1 Yes 2 No this After thi 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Time of Certification: 28d. Describe how injury occurred 1 Natural 5 Pending investigation 1 ☐ Yes 2 ☐ No death. 2 Accident i Director: / 3 ☐ Suicide 6 Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 | Homicide hours after To the Hospitel within 24 hours a To the Funeral I Certifying Physician: To the best of my knowledge, death between dat the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a Certifier Medical (Check only one) 29b. Signatyre and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) MATTENDING PHYSICIAN Name and address of person who completed cause of death (Item 23a) (Type, Print) Slade School Road Sardy MD. 18100 Mace Brooks Hu toman. 31. Date filed (Month, David 32 Registrar's Signature State Select . Registrar

			For State Registrar	State of Maryl	,	artment of ertificate of			giene Reg. No. 2006	31447
	Physici	an	1. Decedent's Name (First, Middle, Last)	010150	,			2. Date of De Month	Day Year	3. Time of Death
	/Medic Examin	al	BETTY Lo  4a. Facility Name (If not institution, give si	TOUERY reet and number)	·	4b. City, Town,	or Location of De	ath 7	28 ZETE 4c. County of Dea	
			BALTIMORB WI				N BURN		AH.	
	Funeral Director		5. Social Security Number 6. Sex 270 − 78 − 1984		yrs. last birthday 11 Yrs.	Months Day		n. Sept.	9. Bir 04 1965	thplace (State or Foreign ountry) MD
	fand ow		Usual Residence of Decedent  10a, State 10b, County	10c	. City, Town or L	ocation				10d. Inside City Limits
	e Mary Sa-f sh tiffied	ctor	Maryland Anne Ar	undel		G	len Burn	ie		1 ☐ Yes 2 No
	death with the Maryland ms 23a or 28a-f show rmust be notified at	Funeral Director	10e. Street and Number 7647 Spencer Road			10f. Zip Code	21061		10g. Citizen of What Co	•
	tems 2	nera	11. Marital Status	Was Decedent Ever Armed Forces?	in U.S. 13.	Was Decedent of If Yes, specify Cu	Hispanic Origin?	(Specify Yes or No erto Rican, etc.)	14. Race - Amo Black, Whi	
9 <b>2</b> 0	urs afte	þ	1 □XNever Married 2 □ Married 3 □ Widowed 4 □ Divorced	1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates:		1□Yes 2⊠N	o Specify:		Specify: W	nite
JW €R7 21215-0036	"natur	Completed	15. Decedent's Educ (Specify only highest grade		(Giv	edent's Usual Occ e kind of work don DO NOT use reti	e during most of w	vorking	16b. Kind of Business	/Industry
σu 212	d withir giene. er then	omo	Elementary/Secondary (0-12)	College (1-4or 5+)	me.	Disabl	*		N/A	
7 land	d be file	Be	17. Father's Name (First, Middle, Last) Horace Howa	rd			18. Mother's N		, Maiden Sumame) e Lowery	
77 aryl	should and Me is mark	2	19a. Informant's Name/Relationship (Typ	e, Print)			et and Number or	Rural Route Numb	er, City or Town, State,	
(c) (c) (c) (c) (c) (c) (c) (c) (c) (c)	1 and 2 Health em 27 ther tr		Ralph Friendlich  20a. Method of Disposition	20	b. Place of Disc	osition (Name of		Suite 204 Date	, OWINGS MI 20c. Location - City or	11, MD 21117
Baltimor	Pages nent of ant: If it ury or o		1 ☑ Burial 2 ☐ Cremation 3 ☐ Re 4 ☐ Donation 5 ☐ Other (Specify)	emoval from State	-	ematory or other p ss Cemet	1110	t. 02 2006	Baltimore,	Maryland
Balti	permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylan Department of Health and Mental Hygiene. Importent: If item 27 is marked other then "naturel", or Items 23a or 28a-1 show any injury or other treumatic event, the Medical Experiment must be natified at once.		21. Signature of Funeral Service Li	2 /).	2	22. Name and Add	ress of Facility ntain Ro	Stalling ad. Pasac	is Funeral Flena, MD 211	Home, P.A.
			23a. Part1. Enter the disease, or complic shock, or heart failure. List only on	ations that caused the course on each line.		nter the mode of d	ying, such as card			Approximate Interval Between Onset and Death
	Physician /Medical		Immediate Cause (Final disease or condition resulting in death)	Due to (or as a cor	VAL		VRE			
	Examiner		Sequentially list conditions, b	RA	SPIR	ATOR	y F6	ILVRE		
1118	uted J ansit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	Due to (or as a cor	BRA	+ PA.	LSY			
30,	icate be executed physicien and s the burial-transit	i Exa	resulting in death) Last	Due to (or as a cor	nsequence of):	GAME	Boa	ui Sy	nd.	P
68760,	tificate be ig physicie as the bur	edicai	d	CATOR	120	fire				
Вох	eath certil ettending for use a	Physician/M	IF FEMALE: 23b. Was decedent pregnant in the past 12 months?	3c. If yes, outcome of pro	Fetal death 3	□Ectopic pregnar			23d. Date of de Month	fivery Day Year
P.O.	res that the death cer igned by the ettendin be detached for use	hysic	1 Yes 2 Ho 9 Unknown	4□Pregnant at time 9□ Unknown	or death 5	Other (specify)				
	Attending Physician: The law requires that the death certif death. •ctor: After this certificate has been signed by the ettending by the funeral director, page 2 should be detached for use a	Ď	Part II, Other significant conditions con	tributing to death but not	t resulting in the	underlying cause	given in Part I.		tobacco use contribute t Yes 2☑No 3□P	o the cause of death?  robably 4 Unknown
SCOL	aw requir is been si 2 should	Completed				1		24a. Was		utopsy findings available completion of cause of
a Re	: The cate has, page							perf 1 ☐ Yes	ormed? death? 2 ☑ No 1 ☐ Ye	s 2 No
Vit.	ysician: Th is certificate director, pag	To Be	25. Was case referred to medical examiner?	ospital:	2 ER/Outpatie	ent 3 DOA	)thor	Death (Check only  Home 5 Res	one) idence 6 □Other (Spe	əcifv)
20	ding Physician: The lav h. After this certificate has funeral director, page 2		27. Manner of Death 1 ☑Natural 5 ☐ Pending	28a. Date of fnjury (Month, Day Yea	28b. Time Injury	W			how injury occurred	
Division of Vital Records,	To the Hospital or Attendi within 24 hours after death. To the Funeral Director: A completely filled in by the fu	Certification:	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. Place of Injury - building, etc. (Sp	At home, farm, soecify)				'Street and Number or R wn, State)	ural Route Number,
	Hospital 24 hours Funeral tely filled	Medical Co							cause(s) and manner a date and place, and du	
	To the within ?	Mec	29b. Signature and title of certifier	IA 4	7	29c. Lice	ense number		29d. Date signed (Mon	th, Day, Year)
			1 Kashozo	) vvu/		U U	17737		7/28/	06
	1		30. Name and address of person who co		(Item 23a) (Type	9, Print) 7575	Rite	11/16/	troy GI	BABURNE
	Sta		31. Date filed (Month, Day, Year)	32. Registrar's S	Signature	Locale				ing zice

Please Type or Print in Black Indelible Ink. Ensure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 1 6 1 - For State Registrar Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death LOTTEREL OCTOBER CHARLES Day 3, 2006 ENNETH Physician /Medical 4a. Facility Name (If not institution, give street and number) 4c. County of Death 4b. City, Town, or Location of Death Examiner DANDALLSTOWN NORTHWEST HOSPITAL 7. Age (In yrs. last birthday)
Vrs. Months Days Hours Min. Aug. 1949 5. Social Security Number 214-54-6014 9. Birthplace (State or Foreign Country) Mary Land **Funeral** 1⊠M 2□F Director Usual Residence of Decedent 10b County 10a State 10c. City. Town or Location 10d. Inside City Limits or 28a-f show the Medical Examiner must be notified at Director 1 ☐ Yes 2 ☒ No Baltimore Reisterstown 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21136 permit. Pages 1 and 2 should be filed within 72 hours after death v Depertment of Health and Mental Hygiene. Important: If item 27 is marked other then "natural; or iteme 23a enty injury or other treumatic event, the Mudical Example once. 101 A Lamport Rd. U.S.A. Funerai 12. Was Decedent Ever in U.S.
Amed Forces?
1 £ Yes 2 □ No
If Yes, Give
Year or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11. Marital Status Viet 1 Never Married 2 Married Baltimore, Maryland 21215-0036 Nam 1 ☐ Yes 2 No Specify: White þ 3 □Widowed 4 □Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-49r 5+) Plumber Plumbing 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Charlotte Fink Herman E. Lotterer 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 101 A Lamport Rd., Reisterstown, Md. 21136 Carole L. Lotterer - Wife 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 Cremation 3 Removal from State Evergreen Mem. Garden's Oct. 7,2006 Finksburg, Md. 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Juneral Service License 22. Name and Address of Facility 21117 Eckhardt Funeral Chapel, P.A. 23a. Parfi. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest shock, or heart failure. List only one cause on each line. Owings Mills Md

arrest,
Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) METASTATIC CARCINOMA Pnysician /Medical Due to (or as a consequence of): Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in death) Last Due to (or as a consequence of) Examiner Hospital or Attending Physician: The law requires that the death certificate be executed the attending physicien and hed for use as the burial-transit Due to (or as a consequence of) Records, P.O. Box 68760, Physician/Medicai IF FEMALE: 23c. If yes, outcome of pregnancy 1 Live birth 2 ☐ Fetel death 23d. Date of delivery 23b. Was decedent pregnant 3 Ectopic pregnancy in the past 12 months? Month Year Day 4□Pregnant at time of death 5 Other (specify) signed by the a 1 ☐ Yes 2 ☐ No 9 Unknown 9 ☐ Unknown Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? Completed by 1 ☐ Yes 2 ☐ No 3 Probably 4 Gunknown 24a. Was an autopsy performed 24b. Were autopsy findings available prior to completion of cause of death?

1 Yes 2 No certificete 1 Yes Division of Vital 2 100 within 24 hours after death.

To the Funeral Director: After this certific completely filled in by the funeral director, Be 25. Was case referred to medical examiner? 26. Place of Death | Check only one Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: 1 ☐ Yes 2 ☑ No Medicai Certification: To 1 Umpatient 2 ER/Outpatient 3□ DOA 27. Mann of Death 28c. Injury at Work? 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 1 Natural 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be determined 3 🗀 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier (Check only one) ş 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifier 29c. License number OCTOBER

10

State Registrar

DHMH 17 Rev 1/2001

RALTO.

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

32. Registrar's Signature

RAVI

31. Date filed (Month, Day, Year)

OCT 0 4 2006

			. FOI	Department of Health and N Certificate of Death	rientai Hygie Reg.		31449
	Physici	an	1. Decedent's Name (First, Middle, Last)  Crystal L. Lawson		2. Date of Death September	.Day 2006	3. Time of Death 7:50P M
>	/Medio	al	4a. Facility Name (If not institution, give street and number)	4b. City, Town, or Location of Death	Бересшвег	4c. County of Death	
			1606 Popland Street	Baltimore		N/A	1
	Funeral Director		213 30 0720 23	hday) If Under 1 Year If Under 24 Hrs. Months Days Hours Min.	8. Date of Birth (Month, Day Ye Sept 7,	1981 9. Birth Cou	iplace (State or Foreign intry) aryland
	yland		Usual Residence of Decedent           10a. State         10b. County         10c. City, Town	or Location			10d. Inside City Limits
	e Man	ctor	Maryland N/A Balt	imore	<del> </del>		1 ☐ Yes 2 ☐ No
	with th	Director	100. Street and Number	10f. Zip Code	10g.	. Citizen of What Cou	,
	me 23	Funerai	1606 Popland Street  11. Marital Status   12. Was Decedent Ever in U.S.	21226  13. Was Decedent of Hispanic Origin? (Spif Yes, specify Cuban, Mexican, Puerto	ecify Yes or No-	U.S.A.	ican Indian,
036	filed within 72 hours after death with the Maryland Hygiene. Ither than 'natural', or iteme 23s or 28s-f show the Medical Examiner must be notified at	ρ	Armed Forces?  1 Prever Married 2 Married   1 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2 Press 2	If Yes, specify Cuban, Mexican, Puerto  1 ☐ Yes 2 ☑ No Specify:	Hican, etc.)	Specify:	Nhite
1215-0036	72 ho	eted	15. Decedent's Education (Specify only highest grade completed)	Decedent's Usual Occupation (Give kind of work done during most of work life. DO NOT use retired)	ting 16l	b. Kind of Business/l	ndustry
	filed within Hygiene. Ither then Int, the Me	Completed	Elementary/Secondary (0-12) College (1-4or 5+) 9 N/A	Homemaker		Own	Home
מ		BeC	17. Father's Name (First, Middle, Last)		e (First, Middle, Mai		-II-Onine
Baltimore, Maryland 2		10	Jerry R.	Lawson Virgi Mailing Address (Street and Number or Rur			11eman
<u>8</u>	s 1 and 2 should t Heelth and Mer Item 27 Is marke other traumatic	3		1019 Pirates Court E			
re,	ss 1 ar of Hee item?		20a. Method of Disposition 20b. Place of			c. Location - City or 1	
Ĕ	Page Iment Innert Innt: If		4 Donation 5 Other (Specify)	Haven Mem. Pk. 10/		len Burnie	
Ball	permit. Pages Department of the important: If ite any injury or of once.		21. Signature of Funeral Service Licensee	22. Name and Address of Facility McCully—Polyniak F 3204 Mountain Road	uneral Hom Pasadena	me, P.A. , Maryland	21122
1			23a. Parts Enter the disease, or complications that caused the death. Do n shock, or hear failure. List only one cause on each line.	ot enter the mode of dying, such as cardiac	or respiratory arrest		Approximate Interval Between Opset and Death
	Physician /Medical		Immediate Cause (Final disease or condition resulting in death)  a. Due to (or as a consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the conse	c Cerural Co	incer		4mos
ı	Examiner		1 / Ym H. and	itic Spread			
/	pe tisi	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury				
, ,	ificate be executed g physicien and as the burial-transit	Exan	that initiated events resulting in death) Last C. Due to (or as a consequence of	1):			
58760,	ate be nysicie he bur	edicai	d				
_	73 CD 01	/Med	IF FEMALE: 23c. If yes, outcome of pregnancy			204 0-4-44-5	
O. Box	The law requires that the death certifi tie has been signed by the ettending tage 2 should be detached for use as	Physician/M	23b. Was decedent pregnant in the past 12 months? 1	3 ☐ Ectopic pregnancy 5 ☐ Other (specify)		23d. Date of deli- Month	Day Year
<u>a</u>	res that t signed by i be detact	Þ	Part II. Other significant conditions contributing to death but not resulting in	the underlying cause given in Part I.		co use contribute to	~
Vital Records,	w require been signature	Completed			24a. Was an		topsy findings available
Re		dmo			autopsy performe	prior to c	ompletion of cause of
/ita	Physicien: Th this certificate ral director, pag	Be	25. Was case referred to medical examiner?		h (Check only one)		
6	Physic rthis aral dir	7: 70		ime of 28c. Injury at	ome 5 Residenc 28d. Describe how	e 6 Other (Spec	ufy)
ion	Attending F death. ctor: After y the funers	atior	2 Accident investigation	njury Work? M 1 ☐ Yes 2 ☐ No			3
Division of	To the Hospitel or Attanding Physicien: within 24 hours elter death. To the Funerel Director: After this certific completely filled in by the funeral director,	Certification:	3 Suicide 6 Could not be determined 28e. Place of Injury - At home, far building, etc. (Specify)	rm, street, factory, office	28f. Location (Stree City or Town, S	et and Number or Ru State)	ral Route Number,
_	Hospitei or Al 24 hours efter ( Funerel Direc stely filled in by		29a. Certifier 1 Cartifying Physician: To the best of my knowled Je				
	To the Ho within 24 To the Fu completel	Aedical	(Check only one) 2 Medical Examiner: On the basis of examination and manner stated.				
)	To To COU	Σ	29b. Signature and title of certifier	29c. License number	29d.	Date signed (Month	b, Day, Year)
	3		30. Name and address of person who completed cause of death (Item 23a) (	Type, Print)  Hannver 4t	Baltin	none M	D 21225
	Sta	te	31. Date filed (Month, Day, Year) 32. Registrar's Signature	in the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se	- 60000	i w w	, -1005
	Registr		OCT 0 4 2006 A 100 - 50 50	15 2			

			1 - State Registrar	State of Maryla	nd / Depa <i>Ce</i> a	artment <i>rtificate</i>	of Health of Death	and M		giene () (	)6	31450
	Physici /Media		Decedent's Name (First, Middle, Last, HAROLD	)	L	.ACKMAN	1		2. Date of Dea	28, Day 2000	5 ^{Year}	3. Time of Death 3:30 A M
	Examir		4a. Facility Name (If not institution, give 2849 COX NECK ROA	<b>ND</b>		4b. City, To	CHES	TER			UEEN	ANNE'S
	Funeral Director		5. Social Security Number 6. Security Number 15 Control of Decedent 6. Security Number 15 Control of Decedent 6. Security Number 15 Control of Decedent 6. Security Number 15 Control of Decedent 6. Security Number 15 Control of Decedent 6. Security Number 15 Control of Decedent 6. Security Number 15 Control of Decedent 6. Security Number 15 Control of Decedent 6. Security Number 15 Control of Decedent 6. Security Number 15 Control of Decedent 6. Security Number 15 Control of Decedent 6. Security Number 15 Control of Decedent 6. Security Number 15 Control of Decedent 6. Security Number 15 Control of Decedent 6. Security Number 15 Control of Decedent 6. Security Number 15 Control of Decedent 6. Security Number 15 Control of Decedent 6. Security Number 15 Control of Decedent 6. Security Number 15 Control of Decedent 6. Security Number 15 Control of Decedent 6. Security Number 15 Control of Decedent 6. Security Number 15 Control of Decedent 6. Security Number 15 Control of Decedent 6. Security Number 15 Control of Decedent 6. Security Number 15 Control of Decedent 6. Security Number 15 Control of Decedent 6. Security Number 15 Control of Decedent 6. Security Number 15 Control of Decedent 6. Security Number 15 Control of Decedent 6. Security Number 15 Control of Decedent 6. Security Number 15 Control of Decedent 6. Security Number 15 Control of Decedent 6. Security Number 15 Control of Decedent 6. Security Number 15 Control of Decedent 6. Security Number 15 Control of Decedent 6. Security Number 15 Control of Decedent 6. Security Number 15 Control of Decedent 6. Security Number 15 Control of Decedent 6. Security Number 15 Control of Decedent 6. Security Number 15 Control of Decedent 6. Security Number 15 Control of Decedent 6. Security Number 15 Control of Decedent 6. Security Number 15 Control of Decedent 6. Security Number 15 Control of Decedent 6. Security Number 15 Control of Decedent 6. Security Number 15 Control of Decedent 6. Security Number 15 Control of Decedent 6. Security Number 15 Control of Decedent 6. S	M 2 F 8	last birthday)		Days Hours	Min.	8. Date of Birt Month, Date 04/23/	1920	9. Birth Cou	place (State or Foreign intry) CT
	ne Maryland 8a-f ehow offited at	ector	MD QUEEN A		ity, Town or Lo	STER						10d. Inside City Limits 1 ☐ Yes 2 X No
	3a or 2	Dire	10e. Street and Number 2849 COX NECK ROA	/D		10f. Zip C	2161	9		10g. Citizen of t	What Cou	intry? USA
920	be filed within 72 hours after death with the Maryland ital Hygiene. dother then "naturel", or Iteme 23a or 28a-1 ehow event, the Medical Exam and nivel be notified at	by Funeral Director	11. Marital Status  1 Never Married 2 M Married 3 Widowed 4 Divorced	12. Was Decedent Ever in the Armed Forces?  1 X Yes 2 No If Yes, Give Year or Dates:		Was Decede	nt of Hispanic Or y Cuban, Mexica	rigin? (Spe n, Puerto	ecify Yes or No Rican, etc.)	14. Rad Blad Specify	ck, White	ican Indian,
21215-0036	within 72 ho ene. then "natur the Medical I	Completed	15. Decedent's Edu (Specify only highest grad Elementary/Secondary (0-12)	e completed) Callege (1-4or 5+)	(Give		Occupation done during mo- retired)	st of worki	ng	16b. Kind of B		,
and 21	be filed tal Hygi d other event,	Be	17. Father's Name (First, Middle, Last) MAX	5+	LACE	CHANT	18. Moth	_	(First, Middle,	DEPART		LEVIN
Maryland	is 1 and 2 should of Health and Men item 27 is marks other traumatic.	ဥ	19a. Informant's Name/Relationship (T) MONA LACKMAN / W		19b. Mailii	ng Address (	Street and Numb	er or Rura				
Baltimore,	Page nent c ant: If ary or		20a. Method of Disposition 1 🛱 Burial 2 □ Cremation 3 □ F 4 □ Donation 5 □ Other (Specify)	Removal from State	Place of Dispo cemetery, crei OAD CRE	matory or oth EEK CEN	er place) METERY	10/0	0ate 1/2006		NSVI	LLE, MD
Balt	permit. Pag Department Important: I eny Injury o		21. Signature of Funeral Service Licens	Catala			Address of Facil					, INC. MD 21208
	Physician /Medical Examiner			ne cause on each line.	quence of):			s cardiac c	or respiratory ai	rest,		Approximate Interval Between Onset and Death
8760,	The law requires that the death certificate be executed ate hes been signed by the attending physicien and page 2 should be detached for use as the burial-transit	dicai Examine	if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	Due to (or as a conse								
P.O. Box 6	that the death certificed by the attending of detached for use as	Physician/Me	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 □ Yes 2 □ No 9 □ Unknown	23c. If yes, outcome of pregr 1 ☐ Live birth 2 ☐ Fel 4 ☐ Pregnant at time of 9 ☐ Unknown	al death 3	□Ectopic preg □ Other (spec				1	te of deliv	very Day Year
	quires that n signed b	d by Pr	Part II. Other significant conditions con	-	-		-	l.		obacco use cont res 2 □ No	ribute to 3 ☐ Pro	the cause of death?
Division of Vital Records,	The law requir ate hes been si page 2 should	Completed by	Congest	fibrillation	fail	ure			24a. Was autop perfo 1 🗆 Yes	rmed?	death?	opsy findings available ompletion of cause of
Vita	Physician: The this certificate he ral director, page	Be	25. Was case referred to medical examiner?  1  Yes 2 No	Hospital:	7500		Othor		Check only o			
on of	<u>ਵ</u> = ਜ਼	tion: To	27. Manner of Death  1 Natural 5 Pending 2 Accident investigation	1 ☐ Inpatient 2 ☐ 28a. Date of Injury (Month, Day Year)	28b. Time o Injury		i 4 N c. Injury at Work? 1 ☐ Yes 2 ☐			dence 6 Oth		rfy)
Divisi	To the Hospitel or Attending within 24 hours after death.  To the Funerel Director: After completely filled in by the funer	Certification:	3 Suicide 6 Could not be 4 Homicide determined	28e. Place of Injury - At building, etc. (Spec	home, farm, str ify)	reet, factory,	office		28f. Location (S City or Tox		er or Rui	al Route Number,
	he Hospit in 24 hours he Funers pietely fille	Medical C	29a. Certifier 1 Certifying Phy (Check only one)	sician: To the best of my kr ner: On the basis of examin and manner stated.	nowledge, deat lation and/or in	h occurred at vestigation, in	the time, date a n my opinion, de	nd place, ath occurr	and due to the ed at the time,	cause(s) and ma date and place,	inner as: and due	stated. to the cause(s)
	To t To I	×	29b. Signature and title of certifier	M			D446	70		29d. Date signe		Day, Year)
	3,	0	30. Name and address of person who construct the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of	ompleted cause of death (Ite	om 23a) (Type,	Print)	EST. T	zm7	150, BA	LT IMO 120	MI	> 21287

DHMH 17 Rev 1/2001

State Registrar

			1 - State of Maryland / Dep Registrer Ce	artment of Health and Mertificate of Death	ental Hygie	ne2 0 0 6	31451
	Physici	an	1. Decedent's Name (First, Middle, Last)		2. Date of Death Month Sept. 29	Day 2006 Yeer	3. Time of Death
	/Media	cal	Gertrude May McGettigan  4a. Facility Name (If not institution, give street and number)	4b. City, Town, or Location of Death	Sept. 29	, 2006 4c. County of Death	3:25 P M
	Examir	ier	1007 Judge Ct.	West River		Anne Arun	
	Funeral		Social Security Number 6. Sex 7. Age (In yrs. last birthday,		8. Date of Birth (Month, Day, Yo	9. Birth	nplace (State or Foreign untry)
	Director		578-18-1108 1□ M 2♥ F 92 Yrs.		ept. 11,	1914 Eng	land
	land ow		Usual Residence of Decedent  10a. State 10b. County 10c. City, Town or L	ocation			10d. Inside City Limits
	a-f sh	tor	MD Anne Arundel West River	•			1 ☐ Yes 2 🔯 No
	or 28	Director	10e. Street and Number	10f. Zip Code	10g	Citizen of What Co	untry?
	s 23s	rall	1007 Judge Ct.	20778		gland	
_	fter de	Funeral	11. Marital Status 12. Was Decedent Ever in U.S. Armed Forces? 1 \( \text{\subset} \) Never Married 2 \( \text{\subset} \) Married 1 \( \text{\subset} \) Yes 2 \( \text{\subset} \) No	Was Decedent of Hispanic Origin? (Spec If Yes, specify Cuban, Mexican, Puerto F	cify Yes or No- Rican, etc.)	14. Race - Amer Black, White	e, etc.
20	al', or	þ	3 X Widowed 4 □ Divorced If Yes, Give Year or Dates:	1 ☐ Yes 2X No Specify:		Specify: Whi	te
2-0030	72 ho natur	Completed	15. Decedent's Education 16a. Dece (Specify only highest grade completed) (Give	dent's Usual Occupation a kind of work done during most of workin DO NOT use retired)	g 16l	. Kind of Business/I	
7	within ene. than	ldmo	Elementary/Secondary (0-12) College (1-4or 5+)			nintina	
ם ע	filed Hygie other		17. Father's Name (First, Middle, Last)	ery Worker 18. Mother's Name		rinting den Sumame)	
nand	2 should be filed within 72 hours after death with the Maryland and Mental Hygiene. Is marked other than "natural", or Items 23a or 28a-f show aumatic evant, Ira Medical Eath, actinust be notified at	To Be	William H. Barley	Kate Holl			
Mar	permit. Pages 1 and 2 should be Department of Health and Menta Important: If Item 27 Is marked any injury or other traumatic events.	ľ		ing Address (Street and Number or Rural			ip Code)
ָ ט	1 and Health em 27		20a. Method of Disposition 20b. Place of Dispo	Judge Ct. West Riv		J / / O Location - City or 1	Own State
Dallimor	ages ant of nt: If It		↑XXBurial 2 ☐ Cremation 3 ☐ Removal from State  '4 ☐ Donation 5 ☐ Other (Specify)  Cemetery, cre Gate of H	matory or other place)		ilver Spr	
	mit. F partme sortar / injur			2. Name and Address of Facility Dem			ing, no
<u> </u>	Departing Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Important Import		Quana deres	308 Backlick Rd. S	pringfie	ld, VA 223	151
			23a. Part1. Enter the disease, or complications that caused the death. Do not en shock, or heart failure. List only one cause on each line.	ter the mode of dying, such as cardiac or	respiratory arrest,		Approximate Interval Between
	Physician /Medical		Immediate Cause (Final disease or condition resulting in death)  a. Demontia	alzheimers			Onset and Death
	Examiner		Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):				
		Jer	So uentially list conditions if any, leading to immediate cause. Enter Underlying				
3	ecuted ind transii	Examiner	Cause (Disease or injury that initiated events c.				
,007	eath certificate be executed attending physician and for use as the burial-transit		Due to (or as a consequence of):				
000	ficate physis the	edlcal	d				
5	h certi	In/M	IF FEMALE: 23b. Was decedent pregnant 23c. If yes, outcome of pregnancy	76		23d. Date of deliv	rery
	that the death cer ed by the attendir detached for use	Physiclan/Me	1 ☐ Yes 2 ☑ No 4 ☐ Pregnant at time of death 5 ☐	□Ectopic pregnancy □ Other (specify)		Month	Day Year
	hat the od by t detach		9 ☐ Unknown  Part II. Other significant conditions contributing to death but not resulting in the u	andarhing cause grupe in Part I	22a Did tobac	co use contribute to	the squee of death?
Ď	w requires that s been signed b should be deta	d by	Pleural effesion	indenying cause given in Fatti.	1 ☐ Yes	_	
2	s beer s beer	Completed			24a. Was an	24b. Were aut	opsy findings available
	iician: The lav certificate has rector, page 2	шо			autopsy performed	prior to co	ompletion of cause of 2□ No
ומ	cian: ertifica ector, p	Bec	25. Was case referred to medical examiner?	26. Place of Death		10 103	20110
5	Physic this co	၉	1 ☐ Yes 2 No Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatien			6 ☐Other (Speci	fy)
5	ding h. After funer	tion	27. Manner of Death  1 KNatural 5 □ Pending 2 □ Accident investigation  28a. Date of Injury (Month, Day Year) Injury	f 28c. Injury at Work?  M 1 □ Yes 2 □ No	3d. Describe how i	njury occurred	
2	Atten ar deal ector. by the	ertification:	3 Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, str			and Number or Run	al Route Number,
5	tal or	Cert	4 Homicide Setsimilies building, etc. (Specify)		City or Town, S.	(are)	
	Hosp 24 hou Funel tely fil	edical	29a. Certifier  (Check only (Check only a Medical Exeminer: On the basis of examination and/or in	h occurred at the time, date and place, an vestigation, in my opinion, death occurred	nd due to the cause d at the time, date	e(s) and manner as s and place, and due t	stated. o the cause(s)
	To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours alter death.  To the Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be detached for use as the burial-transit.	Med	one) and manner stated.  29b. Signat, is and title of certifier.	29c. License number	29d.	Date signed (Month.	Dav. Year)
	->-0		Many Ki King, ND.	Do040904 (17a	wand 1	0/3/2000	7
	5		30. Name and address of person who completed cause of death (Item 23a) (Type,	Print)	, ,,,	11-	
	5		Nancy Kivera-King, M.D. 1209A  31. Date filed (Month, Day, Year)  32. Registrar's Signature	Print) Marda Lane, A	nnapoli	s, MD 2	1403
	Sta Registra		31. Date filed (Month, Pay, Year) 32. Registrar's Signature 32. Registrar's Signature	Coule	·		

State of Maryland / Department of Health and Mental Hygiene 2 1 - For State Registrar Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Day Year **Physician** entember 28 2006 /Medical 4b. City, Town, or Location of Death 4c. County of Death Examiner If Under 24 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Y Birthplace (State or Foreign Country) **Funeral** Months Days Hours Director 10a. State 10b. County 10c. City, Town or Lipcation 10d. Inside City Limits 28a-f show other traumatic event, the Medical Examiner must be notified at 1 es 2 No move Director 10f. Zip Code 10g. Citizen of What Country? 10e. Street and Number ovenue or Iteme 23a by Funeral 12. Was Decedent Ever in U.S. Armed Forces? 1 Ves 2 □ No If #es, Give Year or Dates: 14. Race -American Indian, Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Black, White, etc. 1 Never Married Married Maryland 21215-0036 1 ☐ Yes 2 No Specify 3 Widowed 4 Divorced 'natural', Completed 16a. Decedent's Usual Occupation (Give find of worldone during most of working life. IO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed withi Depertment of Health and Mental Hygiene. Important: If Itam 27 is marked other then eny injury or other traumant. Elementary/Secondary (0-12) Obliege (1-4or 5+) 18. Mother's Name (First, Middle, Maiden Sumame) Be 0 1.b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) nore, MD Baltimore, 20a. Method of Disposition ocation 1 Burial 2 Cremation 5 Other (Specify) Burial 2 Cremation 3 Removal from State 21. Signatur of Funera S rvice acility stown Approximate Interval Between Onset and Death sease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or lure. List only one cause on each line. Immediate Cause (Final disease or condition Physician Arteriosclenitic so known Due to (or as a consequence of) resulting in death) /Medical Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of). Examiner signed by the ettending physicien and of certificate be executed Due to (or as a consequence of) Box 68760. Physician/Medical IF FEMALE: 23c. If yes, outcome of pregnancy 1 Live birth 2 Fetal death 23d. Date of delivery 23b. Was decedent pregnant in the past 12 months? 3 Ectopic pregnancy Year 4 Pregnant at time of death 5 Other (specify) 1 ☐ Yes 2 ☐ No P.0. 9 Unknown 9 Unknown 23e. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Completed by of Vital Records. 3 Probably 4 Unknown 1 ☐ Yes 2 ☐ No been si 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an as autopsy performed? certificete 2 No 2 X No 1 Yes 1 Yes filled in by the funeral director, 25. Was case referred to medical examiner? Be 26. Place of Death | Check only one Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 20 No 2 2 Outpatient 3 DOA ၉ 1 Tyes 1 Inpatient this 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Certification: Director: After 1 Natural 2 Accident Division 5 Pending investigation 1 Tes 2 No death. 6 Could not be 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 50 To the Hospital within 24 hours a To the Funarel C Hospital 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical completely 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) entember 28, rengener 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 9 nes 32. Registrar's Signature 31. Date filed (Month, Day, Year) State OCT 0 4 2006 Registrar

State of Maryland / Department of Health and Mental Hygiene For State Registra Reg. No. 2005 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** September 30 2006 2:29 Elaine Marie McKee /Medical 4a. Facility Name (If not institution, give street and number) 4c. County of Death 4b. City, Town, or Location of Death Examiner St. Joseph Medical Center Towson Baltimore 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. 8. Date of Birth Month, Day Ye Feb. 18, 9. Birthplace (State or Foreign **Funeral** Hours Months Davs Min. 1 □ M 2 😡 F 219-10-7401 82 1924 Marryland Director Usuel Residence of Decedent Pages 1 and 2 should be filed within 72 hours after death with the Maryland nent of Health and Mental Hygiene. 10a State 10c. City, Town or Location 10b. County 10d. Inside City Limits Item 27 is marked other than "natural", or Items 23s or 28s-1 show other traumatic event, the Madical Examinar must be motified at Baltimore Towson Md. 1 Yes 2 No Director 10e Street and Number 10f. Zip Code 10g. Citizen of What Country? USA 322 Worthington Road 21286 by Funeral 12. Was Decedent Ever in U.S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status 14 Race - American Indian Black, White, etc. Yes 2 No Yes, Give 1 Never Married 2 Married Baltimore, Maryland 21215-0036 1 ☐ Yes 2 ☐XNo Specify: White 3 X Widowed 4 □ Divorced Year or Dates Completed 15. Decedent's Education 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Specify only highest grade completed) (Give kind of work done during most of working life. DO NOT use retired) Elementary/Secondary (0-12) College (1-4or 5+) Agent/ Broker Real Estate permit. Pages 1 and 2 should be filed wit Department of Health and Mental Hygien Important: If Item 27 is marked other the any Injury or other traumatic event, the 12 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Roland Shamburger Unknown 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3125 Sharon Rd. Jarrettsville, Md. 21084 Mr. Robert Peck, Jr./ Son 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 20a. Method of Disposition 1 € Burial 2 Cremation 3 Removal from State Timonium, Md. Dulaney Valley Mem. 10-4-06 4 Donation 5 Dother (Specify) 21. Signature of Moneral Service Licensee 22. Name and Address of Facility Ruck Towson Funeral Home, Inc. 1050 York Rd. Towson, Md. 21204 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) **Physician** mi /Medical Due to (or as a consequence of) Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in death) Last Due to (or as a consequence of): Examine The law requires that the death certificate be executed as the burial-transit Due to (or as a consequence of) Division of Vital Records, P.O. Box 68760. ed by the attending physicien detached for use as the buria Physician/Medical IF FEMALE: 23c. If yes, outcome of pregnancy
1 ☐ Live birth 2 ☐ Fetal death 23d. Date of delivery 23b. Was decedent pregnant in the past 12 months? 3 ☐ Ectopic pregnancy Month Year Day 5 ☐ Other (specify) 4☐Pregnant at time of death 9□ Unknown 9 Unknown signed by Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? Completed by 2. No 1 Tes 3 Probably 4 Unknown peen 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an has autopsy performed? Yes 2 No certificate 1 Yes To the Hospital or Attending Physician: 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 No ္ပ 2 ER/Outpatient 3 DOA this To the Funeral Director: After th completely filled in by the funeral 28a. Date of Injury (Month, Day Year) 28b. Time of Injury 27. Manner of Death 28c. Injury at Work? 28d. Describe how injury occurred Certification: 1 Natural 2 Accident 5 Pending investigation М 1 Yes 2 No death. 6 Could not be 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, State) 4 \ Homicide within 24 hours a To the Funeral C 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier cai Medi 29b. Signature and title of certified 29c. License number 29d. Date signed (Monjh, Day, Year) 30 0 of death (Item 23a) (Type, Print) Rel. 205 01 31. Date filed (Month, Day, Year) 32. A gistrar's Signature State OCTO Registrar 2006 4

			1 - For State Registrar	State of Man		artment of F			iene 0 0	16	31454
	Physici /Medic		1. Decedent's Name (First, Middle, L FRANCES	m ^c	DAN	162		2. Date of Deat Month	_	ŏ86	3. Time of Death
	Examin		4a. Facility Name (If not institution, granne Arundel Med 5. Social Security Number 6.	lical Center	n yrs. last birthday)	Annapo1	If Under 24 Hrs.	8. Date of Birth	4c. County of	Arund	e1 ce (State or Foreign
	Director		220-34-8698  Usual Residence of Decedent  10a. State 10b. County	1□ M 20 = 0	06 Yrs.  Oc. City, Town or Lo	Months Days	Hours Min.	8. Date of Birth (Month, Day, 9-4-19	Year) 10	unava	ilable
	th the Maryl or 28a-f sho e notifical	Director	Maryland Prince  10e. Street and Number		Bowie	10f. Zip Code		11	0g. Citizen of W		1 X Yes 2 □ No
	11 will		12413 Winding La	ne		20715			U.S.A.		
920	ges 1 and 2 should be filed within 72 hours after death with the Maryland tof Health and Mental Hygiena. If item 27 is marked other than "neturel", or Items 23a or 28a-f show or other traumatic event, it a Maryland Ever it act mast be ricitlized at	by Funeral	11. Marital Status  1 ☐ Never Married 2 ☐ Married  3 ☒ Widowed 4 ☐ Divorced	12. Was Decedent Eve Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Year or Dates:		Was Decedent of H If Yes, specify Cuba 1 ☐ Yes 2 ☑ No	ispanic Origin? (Span, Mexican, Puerto Specify:	ecify Yes or No- Rican, etc.)	14. Race	- Americar , White, et Whi	c.
Maryland 21215-0036	within 72 ho ena. than "netur re Medical	Completed	15. Decedent's 8 (Specify only highest g Elementary/Secondary (0-12)		(Give	DO NOT use retired	during most of work	ing	16b. Kind of Bus		•
d 2	filled Hygie ther	e Co	17. Father's Name (First, Middle, Las	t) 2	Secr	etary	18. Mother's Name	First, Middle, N	Federal		ernment
ırylan	2 should ba and Mental Is marked o sumatic eve	To Be	Frank Guseman Wa	tson	19b. Mailir	na Address (Street	Ethel Ma	ud Mosho	lder		ode)
Z	nd 2 s lith ar 27 is r trau		Amy Fonner - G				urt, Mech			2065	
Baltimore,	bages 1 ar		20a. Method of Disposition  1 Disposition  2 Cremation 3  4 Donation 5 Other (Special Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Co	□Removati from State	20b. Place of Dispo cemetery, crei	sition (Name of natory or other plac	:e) [	Date	20c. Location - C	City or Tow	n, State
Baltir	permit. Pages 1 and Department of Healt Important: If item 2 eny injury or other once.		21. Signay re of Fundral Sarvick is		22	2. Name and Addres	ery 9/30, ss of Facility Gas imore Ave	ch's Fur		me, I	P.A.
0	Physician /Medical Examiner	Examiner	23a/Pant Enter the disease, or conspock, or heart failure. List only Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	Due to (or as a or	one uence of):	er the mode of dyin	g, such as cardiac o	or respiratory arre	st,	tr	oproximate naterial Batween onset and Death
Box 68760,	death certificate ba exacuted e attending physician and of or use as the burial-transit	an/Medicai	IF FEMALE: 23b. Was decedent pregnant in the past 12 months?	d.  23c. If yes, outcome of public birth 2 0 4 Pregnant at time	oregnancy	Ectopic pregnancy		•	23d. Date Mont		ay Year
P.0	t the	/ Physicia	1 ☐ Yes 2 No 9 ☐ Unknown  Part II. Other significant conditions	9□ Unknown			en in Part I.	23e. Did tob	acco use contrib	oute to the	cause of death?
rds	w requires that s been signed t should be det	ed by	CHY,	HM				1 □ Ye	s 2□No 3	Probab	ly 4 Unknown
Vital Records,	The law ate has b page 2 s	Completed	(					24a. Was ar autops perform 1 Yes 2	pri ned? de	or to comp ath?	y findings available letion of cause of
Ζ	Physicien: this certific ral director,	) Be	25. Was case referred to medical examiner?	Hospital:	a∏EB10 : ::	Othe	26. Place of Death				
	ding Phys h. After this funeral di	tlon; To	1 Yes 2 No  27. Manner of Death  1 Natural 5 Pending 2 Accident investigation	28a. Date of Injury (Month, Day Ye	2 ☐ ER/Outpatien 28b. Time of Injury	28c. Injury Work	4 [] (4013)119 [101	ne 5 Reside 28d. Describe ho			
Division of	To the Hospitel or Attending Phwithin 24 hours after death. To the Funerel Director: After th completely filled in by the funeral	Certification;	2 Accident investigation 3 Suicide 6 Could not determined	De Diago of Injune	At home, farm, str Specify)			28f. Location (Str City or Town		or Rural F	Route Number,
	To the Hospitel or A within 24 hours after To the Funerel Direcompletely filled in by	edical C	29a. Certifier (Check only one)  1 Certifying P 2 Medical Exe	hysician: To the best of m miner: On the basis of ex- and manner stated	amination and/or in-	n occurred at the time restigation, in my of	ne, date and place, a pinion, death occurre	and due to the ca ed at the time, da	use(s) and manr te and place, an	ner as state id due to th	ed. ne cause(s)
)	To t withi To tl	W	29b. Signature and title of certifier	ALK.	in	29c. License	number ) 2143 (	3	d. Date signed (	(Month, Da	y, Year)
	20		30. Name and address of person A	completed cause of death	(Item 23a) (Type,	Print) ENSEH	921436 GHWM	ANNA	tus MD	) ny	ग
	Sta Registr		31. Date filed (Month, Day, Year)  OCT 0 4 200	32. Registrar's		E)					

06-07339 Mark Martin

Please Type or Print in Black Indelible Ink
State of Maryland / Department of Health and Mental Hygiene

		1- For State Registrar Certi	ficate of Death		2 <b>U U</b> g. No.	5 3145
Physici	an/	Decedent's Name (First, Middle,Last)		2. Date of Death	h	3. Time of Death
Medical Exam	ner	THICK THATTIN THE GOOD PATTER CHI	Tu-20	Month September		1457 hrs
		4a. Facility Name (if not institution, give street and number)  Anne Arundel Medical Center	4b. City, Town, or Location	ion of Death	4c. County of Death  Anne Arundel	
Funeral		5. Social Security Number 6. Sex 7. Age (In yrs. last		Under 24Hrs. 8. Date of Birti	h (MM/DD/YYYY) 9. Birth	
Director		215-94-4896 1XM 2F 26	Yrs. Months Days Ho	ours Min. 3–22–	-1980 Cou	Maryland
any			own or Location		1	10d. Inside City Limits
Maryland 28a-f show d at once.	ō	Maryland   Prince George's   New	Carrollton			1 X Yes 2 No
Maryl: 28a-f	Director	10e. Street and Number	10f. Zip Code	10	g. Citizen of What Count	ry?
with the Maryland ms 23a or 28a-f sho be notified at once.	Ö	6431 Fairbanks Street	20784		U.S.A.	
15-0036 filed within 72 hours after death with the Maryland Hygiene of other than "natural", or items 23a or 28a-f she the Medical Examiner must be notified at once	Funeral	11. Marital Status  12. Was Decedent Ever in U.S.  1 X Never Married 2 Married Armed Forces?	. 13. Was Decedent of Hispanic If Yes, specify Cuban, Mexic		14. Race - Americ White, etc.	an Indian, Black,
ter death ", or iter er must	교	1 Yes 2 X No 3 Widowed 4 Divorced If Yes, Give Year	1 Yes 2 X No spec	ecify:	Specify: Whi	te
ours af atural camin	d b	or Dates:	6a. Decedent's Usual Occupation (G	Give kind of work done	16b. Kind of Business/In	dustry
6 172 h an "n: cal E)	Completed by	Elementary/Secondary (0-12) College (1-4 or 5+)	during most of working life. DO N	NOT use retired)		_
003 within giene. her th	omo	1.2 17. Father's Name (First, Middle, Last)	Mechanic	other's Name (First, Middle, M	Private Bu	siness
21215-0036 uld be filed within 7 Mental Hygiene. marked other than c event, the Medica	Be C	Edward Martin		Inda Dwyer	naideir Surriame)	
212 ould b d Meni s mark	70 E	19a. Informant's Name/Relationship (Type, Print )	19b. Mailing Address (Street and I		ber, City or Town, State,	Zip Code)
imore, MD 21215-0036 Pages I and 2 should be filed within 72 hours after ment of Health and Mental Hygiene. Intit: If item 27 is marked other than "natural", or other traumatte event, the Medical Examiner.		Linda L. Dulski - Mother	6431 Fairbanks			
or Hear frices			ace of Disposition (Name of cemetery ematory or other place)	v, Date	20c. Location - City or T	own, State
Baltimore, permit. Pages I as Department of He Important: If ite		4 Donation 5 Other Specify; Fort	t Lincoln Cemetery		Brentwood,	
Baltimore permit. Pages 1 Department of F Important: If injury or other		21/Signarure of Funeral Service Licensee	22. Name and Address of Fa		_	
Physician		23a. Part 1. Enter the disease, or complications that caused the death. D		ore Ave., Hyat		Approximate Interval
/Medical		failure. List only one cause on € ∠h line. In mediate Cause (Final dise te ∠ Multiple Injuries				Between Onset and Death
Examiner		r condition resulting in death)  Due to (or as a consequence of):				
	ᡖ	Sequentially list conditions, if any, leading to immediate b.  Due to (or as a consequence of):				
	Examiner	Chicago or injury that initiated C.				li .
50, Le be executed by sician and subsider transit		events resulting in death) Last  Due to (or as a consequence of):  d.				
), be exe ician a	Medical	UNPENDED X AMENDED item#1.28	8c,perME,g860, 10/12/0	06 TT		
3760 ficate g phys s the b	1 6 1	IF FEMALE: 23b. Was decedent pregnant in the 23c. If yes, outcome of pregna	incy	topic pregnancy	23d. Date of delivery  Month Da	ay <b>Ye</b> ar
Sox 687 death certifing e attending for use as t	iciai	past 12 months?  4 Pregnant at time of deat	2	topic pregnancy	Month	iy lea
Bo ne deat the at ned for	Physician	1 Yes 2 No 9 Unknown 9 Unknown				
Division of Vital Records, P.O. Box 68760, the Hospital or Attending Physician: The law requires that the death certificate be executed him 24 hours after death the Funeral Director. After this certificate has been signed by the attending physician and appletely filled in by the funeral director, page 2 should be detached for use as the burial - transit	Completed by P	Part II. Other significant conditions contributing to death but not res	ulting in the underlying cause given ir		bacco use contribute to the 2 No 3 Proba	_
ords, w requir	lete			24a. Was a		opsy findings available impletion of cause of
Che lavate ha	m o			perfor 1 <b>✓</b> Yes 2		2 No
n of Vital Reco	Be C	25. Was case referred to medical examiner?		eath (Check only one)		
of Vit	욘	1 V Yes 2 No Inospiral 1 Inpatient 2 V E			Residence 6 Other:	
n of		(Month Day Year)	28b. Time of Injury 28c. Injury at W 1440 hrs 1 X Yes <del>2</del>	Operator of	now injury occurred motorcycle which o	ollided with
ivision or Attentative death Director:	icati	2 Accident Investigation 28e Place of Injury - At hom	ne, farm, street, factory, office building	allottiel veril	icle Street and Number or Run	al Route Number, City
Division  Hospital or Attene 24 hours after death Funeral Director: stely filled in by the	Certification:	3 Suicide 6 Could not be determined (Specify) Local Street	,,,	or Town, St		
Division  To the Hospital or Attend within 24 hours after death To the Fineral Director: completely filled in by the		29a. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge Medical Examiner: On the basis of examination and				
To the within 2 To the complet	Medical	and manner stated.  29b. Signature and title of certifier	29c. License num		29d. Date signed (Mon	
		11/1	O.C.M.E.		September 30, 20	
		30. Name and address of person who completed cause of death (Item 2			l	
Ų		Mary G. Ripple MD. Deputy Chief Medical Exami		timore, MD 21201		<del></del>
S Regis		31. Date filed (Month, Day, Year)  32 Registrar's Signature	Socile			

			1 - For State Registrar	State of Maryla	•	ent of Health and ate of Death		giene Reg. No. 2006	31456
	Physici	an	1. Decedent's Name (First, Middle, La	st)	Λο` l	1 5	2. Date of De Month	Day Year	3. Time of Death
1	/Medic	al	4a. Facility Name (I not institution, giv	street and number)	4b. Ci	ty, Town, or Location of De	Septente	4c. County of Dea	
	Examin	ier	Johns Hopkins			ltimore Ci		N/A	
	Funeral Director		5. Social Security Number 6. S 265-45-6634		s. last birthday) If Und	der 1 Year If Under 24 H as Days Hours Mi	s. 8. Date of Bir	th 9. Bir	thplace (State or Foreign Duntry) Lorida
	land ow		Usual Residence of Decedent  10a. State 10b. County	10c. C	City, Town or Location				10d. Inside City Limits
	Mary a-f sh	tor	Florida Pinell	as La	argo				1 ☐ Yes 27 No
	ith the	Sirec	10e. Street and Number		10f.	Zip Code		10g. Citizen of What C	ountry?
	s 23e	rail	14099 Belcher			3771	(01 )	USA 14. Race - Am	
40	tter de	Funeral Director	11. Marital Status  1 ☐ Never Married 2 ☐ Married	12. Was Decedent Ever in Armed Forces?  1X Yes 2 No 1 9  17 Yes, Give	987-	cedent of Hispanic Origin? pecify Cuban, Mexican, Pu	erto Rican, etc.)	Black, Whi	
93	ral', o	þ	3 ☐ Widowed 4 【☐ Divorced	If Yes, Give Year or Dates: 1	.988 ¹□ Yes	s 2. X No Specify:		Specify: W	hite
21215-0036	within 72 hours after death with the Maryland ene. than "naturel", or items 23e or 28e-f show fra Madical Examiner must be mullish at	Completed	15. Decedent's E (Specify only highest gra		(Give kind of	sual Occupation work done during most of w	rorking	16b. Kind of Business	/Industry
121	2 should be filed within and Mental Hygiene. is marked other than aumatic event, the Ma	dwo	Elementary/Secondary (0-12)	College (1-4or 5+)	Secreta			Movie Th	eater
	I Hygi other	Be C	17. Father's Name (First, Middle, Last		, seeree.		ame (First, Middle	, Maiden Sumame)	CULCI
ylar	should be ford Mental I	To E	Ludwell A. Mi	11s		Ethe	l Pritch	nard	
Maryland	12 sho h and 7 is m traum		19a. Informant's Name/Relationship (			ess (Street and Number or			Zip Code)
	1 and Health Iem 27 other tr		Ralph A. Mill 20a. Method of Disposition		Place of Disposition (f	4414 Semino	Date FL	33775 20c. Location - City or	Town, State
Ē	Pages ent of nt; if if		1 ☐ Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Special	Removal from State	etro Crema	atory, Inc.	0/2/06	Baltimore	∍.MD
Baltimore	permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylan Department of Health and Mental Hygiene. Important; if item 27 is marked other than "naturat", or items 23a or 28a-f show any fujury or other traumatic event, the Madical Examinat must be notified at ances.		21. Signature of Funeral Service Lice			and Address of Facility C			
8	8 2 5 8		C. Tolder		299	Frederick	Rd Balt	timore, M	D 21228
			23a. Part1. Enter the disease, or conshock, or heart failure. List only immediate Cause (Final	plications that caused the de- one cause on each line.	ath. Do not enter the m	node of dying, such as card	ac or respiratory a	rrest,	Approximate Interval Between Onset and Death
Ť	Physician /Medical		disease or condition resulting in death)	a. CUTUTA C	Arryth	m's			Zo minites
	Examiner		Constitution the line and distance	b. Myo cardia	1 Inface	ton			1 week
	Play to	Iner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	Due to (or as a conse	equence of):				
	be executed iicien and burial-transit	Examiner	Cause (Disease or injury that initiated events resulting in death) Last	Due to (or as a conse	quence of):	٤			Tear
760	ite be executed ysicien and burial-transit	cai E		Renal +	filure				Xear
68	es that the death certificate be execut igned by the attending physicien and be detached for use as the burial trad		IS ESTABLE.						
Box	The law requires that the death certifics tte has been signed by the attending phage 2 should be detached for use as it	Physician/Med	IF FEMALE: 23b. Was decedent pregnant in the past 12 months?	23c. If yes, outcome of preg 1 ☐ Live birth 2 ☐ Fe	ital death 3□Ectopic	pregnancy		23d. Date of de Month	livery Day Year
P.O.	the de	ysic	1 □ Yes 2 □ No 9 ➡0nknown	4□Pregnant at time of 9□Unknown	death 5 Other	(specify)			·
	s that I	by Ph	Part II. Other significant conditions	contributing to death but not re	esulting in the underlyin	g cause given in Part I.	23e. Did t	obacco use contribute t	o the cause of death?
Records,	w require been sig should b	ted t					1 🗆	Yes 2 No 3 P	robably 4 Unknown
ecc	lawri nas be e 2 shi	Completed					24a. Was	prior to	utopsy findings available completion of cause of
a H	r: The						1 ☐ Yes	ormed? death? 2≅No 1 ☐ Ye	s 2□ No
Vital	Physician: this certificanal director, i	To Be	25. Was case referred to medical examiner?  1  Yes  No	Hospital: 1 Inpatient 2	□ ER/Outpatient 3□	Other	leath <i>(Check only o</i> Home 5□ Besi	one) dence 6 □Other (Spe	acifu)
Jou	ng Phy ter thi neral o		27. Manner of Death  1 Natural 5 □ Pending	28a. Date of Injury (Month, Day Year)	28b. Time of Injury	28c. Injury at Work?		how injury occurred	Jones
siol	Attending r death. ector: After by the fune	catic	2 Accident investigatio	n	M	1 ☐ Yes 2 ☐ No			
Division	or At after of Direct in by	Certification:	4 Homicide determined	28e. Place of Injury - At building, etc. (Spec		tory, office		Street and Number or F wn, State)	lural Houte Number,
_	To the Hospitel or Attending Physicien: The lav within 24 hours after death. To the Funerel Director: After this certificate has completely filled in by the funeral director, page 2			ysician: To the best of my ki					
	in 24 in the Ho	Medical	one)	niner: On the basis of examinand manner stated.			curred at the time,		` i
	To To To To To To To To To To To To To T	Σ	29b. Signature and title of certifier	1.	1	29c. License number		29d. Date signed (Mon	
	T.		20 November 1	nomelated source of death (iii		Res-00	0	Jeptenber 3	o 2006
	10		30. Name and address of person who	600 Non	Mile stre	+ Baltmore.	AD 212	. 77	
2	Sta		31. Date filed (Month, Day, Year)	32 Registrar's Sig	nature Again	)		-	
16.	Registi	rar	0010 ± 20	الم المستعادي المستعادي المستعادي	-				

			1- State of Maryland / Department of Heal Certificate of Dea		ental Hygie	ZUUh	31457
	Physici		1. Decedent's Name (First, Middle, Last)  MARIE - H. McManus	2	2. Date of Death Month	Day Year	3. Time of Death
	/Medic Examir		4a. Facility Name (If not institution, give street and number)  4b. City, Town, or Loca  Charles town	ation of Death	2	4c. County of Death	more
	Funeral Director		5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) If Under 1 Year If U	ours   Min.	B. Date of Birth (Month, Day, Yes	9 Rinth	place (State or Foreign ntry) yland
	rland ow		Usual Residence of Decedent  10a. State 10b. County 10c. City, Town or Location				10d. Inside City Limits
	he Man 88-1 sh	ector	Maryland Baltimore Baltimore				1 ☐ Yes 2 No
	h with t	al Dir	10e. Street and Number   10f. Zip Code   715 Maiden Choice Lane Apt CC442   212	228	Tog.	. Citizen of What Cou USA	intry?
036	urs after deal el', or items :	by Funeral Directo	11. Marital Status  12. Was Decedent Ever in U.S. Armed Forces?  1 □ Never Married 2 □ Married  3 □ Widowed 4 ★ Divorced  12. Was Decedent Ever in U.S. Armed Forces?  1 □ Yes 2 ★ No If Yes, Sipe Year or Dates:	nic Origin? (Spec lexican, Puerto Ri pecify:	ify Yes or No- ican, etc.)	14. Race - Amen Black, White Specify:	
Maryland 21215-0036	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Importent: If item 27 is marked other than "neturel; or items 23e or 28e-1 show any injury or other treumatic event. Its Mcdiral Exartitus routile indifficit at once.	Completed	15. Decedent's Education (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4or 5+)  Clothing Buyer	g most of working	7	b. Kind of Business/Ir	,
land 2	should be filed ind Mental Hygi s marked other umatic event,	To Be Co	17. Father's Name (First, Middle, Last)	Mother's Name (	First, Middle, Mai	nboom	
Mary	12 shou h and M 7 Is mar treumat	-	19a. Informant's Name/Relationship (Type, Print)  Kathie A. Benton (Niece)  19b. Mailing Address (Street and N 9532 Watkins Roa			-	
ore, I	es 1 and of Healt fitem 2: r other		20a. Method of Disposition  20b. Place of Disposition (Name of cametery, crematory or other place)	Da	te 200	c. Location - City or T	own, State
Baltimore,	nit. Pag artment ortent: I injury o	'n	'4 □Donation '5 □Other (Specify) Day View Crematory	10/03/		ltimore, 1	
Ba	Depa Impo any ic		McCully-Polyn 3204 Mountain				
	Physician		23a. Part. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such shock, or heart failure. List only one cause on each line.  Immediate Cause (Final disease or condition	uch as cardiac or	respiratory arrest	,	Approximate Interval Between Onset and Death
	/Medical Examiner		resulting in death)  Due to (or as a consequence of):				years
	D ti	iner	Sequentially list conditions, 1 any, leading to knowledge cause. Enter Underlying Cause (Disease or injury				
8760, 🖈	cate be executed obysician and the burial-transit	l Examiner	Cause (Disease or injury that initiated events resulting in death) Last c. Due to (or as a consequence of):				
9	tificate by physicas the b	ledica	d				
O. Box	The law requires that the death certific tie has been signed by the attending p page 2 should be detached for use as	Physiclan/Medical	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 ☐ Yes 2 ☐ No 9 ☐ Unknown   23c. If yes, outcome of pregnancy 1 ☐ Live birth 2 ☐ Fetal death 3 ☐ Ectopic pregnancy 4 ☐ Pregnant at time of death 5 ☐ Other (specify) ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐			23d. Date of deliv Month	Pery Day Year
rds, P.	w requires that the been signed by should be detac	by	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in I	Part I.	23e. Did tobac	2 ☐ No 3 ☐ Pro	the cause of death? bably 4 □Unknown
al Record		Completed			24a. Was an autopsy performed 1 Yes 2 L	d? prior to co	opsy findings available impletion of cause of
f Vital	Physicien: The this certificate har al director, page	To Be	examiner? Hospital: Other	Place of Death (	-	e 6 □Other (Speci	fy)
0 00	Attending Ph ar death. ector: Atter th by the funeral		27. Manner of Death  1 Hatural 5 Pending 2 Accident investigation  28a. Date of Injury (Month, Day Year)  28b. Time of Injury 28c. Injury at Work?  1 Yes	6	d. Describe how	injury occurred	
Division of	ol or Attending safter death. I Director: After d in by the funer	ertification;	3 Suicide 4 Homicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)	28	f. Location (Stree City or Town, S	at and Number or Rur State)	al Route Number,
	To the Hospitel or within 24 hours after To the Funerel Dircompletely filled in I	edical C	29a. Certifier (Check only one)  1 Certifying Physician: To the best of my knowledge, death occurred at the time, da 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion and manner stated.				
)	To the within 2 To the complet	M	29b. Signature and title at certifier 29c. License num			Date signed (Month,	
	5		30. Name and address of person who completed cause of death (Item 23a) (Type, Print)	1007	11 "	tober 3	, 2006
	Sta Regist		31. Date filed (Month, Day, Year)  32. Registrar's Signature	ne, 15	altimor	re, MD.	21228
E							

			1 - For State Registrar	State of N	Marylar	nd / Depa <i>Cer</i>	artmen tificat	t of H e of L	ealth ar Death	nd Me	ental H	ygiei Reg.		16	314	58
	Physici	an	1. Decedent's Name (First, Middle, Last	,							2. Date of D		Day	Year	3. Time of	Death
	/Media	cal	CHESTER J. MARSK		-1		45 0%				SEPT.		2006		10:3	5 A ^M
	Examir	ıer	4a. Facility Name (If not institution, give JOHNS HOPKINS BA			CENTER			Location of I	Death			4c. County	of Death		
	Funeral		5. Social Security Number 6. Se	x 7. A		last birthday)	If Under	1 Year	If Under 24		B. Date of E	irth		9. Birth	place (State o	r Foreign
	Director		217-24-0735	XM 2□ F	76	Yrs.	Months	Days	Hours	Min.	OCT . 1	7, Ye	1929	Cou	MD	
pue	<b>*</b>		Usual Residence of Decedent  10a. State 10b. County		10c Ci	ty, Town or Lo	cation								0d. Inside C	tu Limite
Mary	t sho	ŏ	MD. N/	٨			[IMOR]								1 ☐ Yes	
the	7.28a	Director	10e. Street and Number	л		DALI	10f. Zip					10g.	Citizen of W	hat Cou	ntry?	
th wit	23a o	ai D	1005 S. ROBINSON	STREET					2	1224	į.		U.S.A			
er dea	SE SE	Funeral	11. Marital Status	12. Was Deceder Armed Forces	?	J.S. 13. V	Vas Deced Yes, spec	lent of Hi	spanic Origin n, Mexican, F	n? (Spec Puerto R	fy Yes or Nican, etc.)	10-		- Americ	an Indian,	
<b>36</b>	'. or l	by F	1 ☐ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	1 TYYes 2 T If Yes, Give Year or Dates	^{]No} 19	62 1	☐ Yes 2		Specify:		,		Specify:		HITE	
d 21215-0036 filed within 72 hours after death with the Maryland	atura cal E	ted t	15. Decedent's Edu	cation	19	16a. Deced	ent's Usua	A Occupa	ation			16b	Kind of Bu			
215 thin 7:	Med "	Completed	(Specify only highest grad Elementary/Secondary (0-12)	e completed) College (1-4o	5+)	(Give	kind of wor OO NOT us	rk doné d se retired,	luring most of )	f working	7				,	
21 g	ygien f. th	Con	12TH	0		F	ROOFE	R		_			ROOFI			
		Be	17. Father's Name (First, Middle, Last)						18. Mother's				en Surname	)		
Nould	d Me mark matic	ပ္	ANTHONY MARSKI  19a. Informant's Name/Relationship (T)	(ne Print)		10h Mailin	a Addross	/Street a	MOLL and Number o		WLEWS		v az Taura (	2404- 7/-	0-4-1	
Maa Maas	27 is		BEVERLY MARSKI/W						SON ST							<b>/</b> .
ore,	Department of Health and Menta Important: If Item 27 is marked eny injury or other traumatic evonce.		20a. Method of Disposition			Place of Dispos	sition (Nam	ne of	-	Da		-	Location - (			+
imo Page	ment cant		1 ☐ Burial 2 ☐ Cremation 3 ☐ F  4 ☐ Departion 5 ☐ Other (Specify)		8	RYLAND				/30/	2006	L	AUREL,	MAI	RYLAND	
Baltimore, oermit. Pages 1 ar	nport ny in		21. Signal are of Funeral Service Cicens	99		22.	Name and	d Addres	s of Facility	CHA	RLES	S.	ZEILEF	8 8	SON, II	VC.
			of the work	1					RN AVE				, MARY	LANI		
٠.			23a. Part 1. Enter the disease, or complete hock, or heart failure. List only of Immediate Cause (Final	ne cause on each	line.	in. Do not ente	er the mode	e of dying	, such as ca	irdiac or	respiratory	arrest,			Approximate Interval Bet Onset and [	e ween Death
	nysician Medical		disease or condition resulting in death)	Due to (or a	515	tuence of):										
E	xaminer			200 10 (01 0	3 & 0011300	derice or,										
, D	ti.	Iner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlyin Cause (Disease or injury	Due to (or a	s a conseq	quence of):										
/× decute	and I-trans	Examiner	that initiated events resulting in death) Last	Due to (or a	e 2 concoc	uuanno of):								_		
. Box 68/60, /k	hysicien and the burial-transit				3 a consaq	juence on).										
68/	g phy: as the	edicai														
BOX eath cert	attending p	Physician/Med	230. Was decedent pregnant	3c. If yes, outcom			Ectopic pre	~~~~~					23d. Date	of delive	ry	
		sicis	in the past 12 months? 1 ☐ Yes 2 ☐ No	4☐Pregnant :			Other (spe						Mon	h	Day Y	'ear
r S a	d by t	Phy	9 ☐ Unknown  Part II. Other significant conditions cor		but not soo	udina in the un	da ab da a - a		- i- D- 41		00 - Did	4-1				
VITAL RECORDS, P.O.	signed by the a Id be detached f	d by	Partit. Other algitimeant conditions (of	ithouling to death	Duthoties	uung in me un	derlying ca	iuse give	n in Parti.				,		ecause of do ably 4 ⊟U	
S S	peed	ete									24a. Wa					
The law	has je 2	Completed									auto perf	ormed?	pr	or to cor	osy findings a npletion of ca	use of
	certificate rector, pag	Ф	25. Was case referred to medical						26. Place of	Death //	1 ☐ Yes		No 11	Yes	2□ No	
OT VITA	w E	To B	examiner? 1 ☐ Yes 2 No	lospital:	ient 2 🗆	ER/Outpatient	3 DO	A Othe	_				6 ☐Other	(Specify	)	
on o	th. : After thi funeral o		27. Manner of Death  1 Natural 5 □ Pending	28a. Date of Inj (Month, D	ury a <i>y Ye</i> ar)	28b. Time of Injury		Bc. Injury Work			d. Describe	how in	jury occurre	d		
DIVISION I or Attending	death	icat	2 ☐ Accident investigation 3 ☐ Suicide 6 ☐ Could not be	28e. Place of Ir	ilium. At hi	ama farm atra	M		es 2 No		f	(Ch				
	s after death. I Director: After id in by the funer	Certification;	4 Homicide determined	building, e	itc. (Specif	y)	et, ractory,	опісе		281	City or To	(Street wn, Sta	ang Numbei ite)	or Hura	Route Numi	oer,
Hospite	within 24 hours after death To the Funerel Director: completely filled in by the i	edical C	29a. Certifier (Check only one)  Certifying Physical Examination	sician: To the bes	of examina	owledge, death tion and/or inve	occurred a	it the time	e, date and p inion, death o	olace, and	d due to the	cause,	(s) and man nd place, ar	ner as st	ated. the cause(s)	
ro the	within To the somple	Me	29b. Signature and title of certifier				29c.	License	number			29d. D	ate signed	(Month, i	Day, Year)	
			ML	Me dical	Doc	tur	R	es -	000			00	rober	2	2001	>
	10+1		30. Name and address of person who co													
			Hichael Fradley John					- 49	to Easte	rnA	venue f	salti	more	Mosy	land 21	224
	Sta Registr	te ar	31. Date filed (Month, Day, Year)	32. Regist	rar's Signa	sture State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State	-0									

	ian	1. Decedent's Name (First, M William	iddle, Last	,	1						2. Date of Dea Month	Day	006 ^{Year}	3. Time of Dea
/Medi		4a. Facility Name (If not instit	ution nivo	Ne			4h Cih	. Tour	r Location o		October			8:30
Exami	ner	Stella Maris			"/			imoni		n Death			unty of Death Baltim	
uneral		5. Social Security Number	6. Se	x 7. /	Age (In yrs.	. last birthday	If Unde	er 1 Year	If Under		8. Date of Birth			place (State or Fo
irector		578-22-5688 Usual Residence of Deceden		]M 2□F		81 Yrs.	Months	Days	Hours	Min.	8. Date of Birti (Month, Day May 23	<b>,</b> 1925	Geor	gia
ed at	-	10a. State 10b. Cou	inty		10c. Ci	ity, Town or L	ocation							10d. Inside City Li
28a-f	Director		ltimo	re		Timo	nium							1 Yes 2
la or		10e. Street and Number Gand.son		4.0			10f. Zi	ip Code	_			10g. Citizen	of What Cou	ntry?
me 23	Funerai	5 Gadson Cou	rt, #	12. Was Deceder	nt Ever in U	J.S. 13.	Was Dece	2109 edent of H		gin? (Spe			d State	
rai', or iteme 23a or 28a-f ehov Exactinar must be notified at	by Fur	1 ☐ Never Married 2 🔀 I 3 ☐ Widowed 4 ☐ Divor		Armed Forces  1 XYes 2 If Yes, Give Year or Dates	□ No TaTtaT		If Yes, spe		n, Mexican Specify:	, Puèrto I	cify Yes or No- Rican, etc.)		Black, White, ecify: Whi	etc.
aturai'.	ted		dent's Edu	cation		16a. Dece	dent's Usu	ual Occupa	ation			16b. Kind o	of Business/In	ndustry
d other than "natured others"	Completed	(Specify only high		e completed) College (1-4o	r 5+)	(Give	kind of wi DO NOT i	ork done d use retired	during most ()	of workir	ng			
ther the	Con			2		В	roado	aste	r			Rad	io/Tele	evision
d ot	Be	17. Father's Name (First, Mide		_					18. Mothe	r's Name	(First, Middle,	Maiden Sur	name)	
natic	2	Daniel Frank									Parham			
27 is marked other ti r traumatic avent, III		19a. Informant's Name/Relati				196 Mari	ng Addres SON	s (Street a	and Numbe	r or Rura	Route Number	r, City or To	wn, State, Zip	Code)
돌		20a. Method of Disposition	. Nea	r, wile	20b. F						imonium		21093 on - City or To	own State
' <del>-</del> -		1 X Burial 2 ☐ Cremati				Place of Disponentery, cre								
Importent: any injury o once.		4 □ Donation 5 □ Othe 21. Signature of Fune at Serv		_	-				L Gons		04/2006 T			
any is		MIMA	42		Ivi	201113				LL.				Services
		23a. Part1. Enter the disease shock, or heart failure.	or compl	ications that cause	ed the deat	th. Do not en	ter the mod	de of dying	g, such as	cardiac or	respiratory arr	est.	тикани	MD 2109 Approximate Interval Between
Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medica		Sequentially list conditions, any Jack grant Cause. Enter Underlying Cause (Disease or injury	1	Dua to (or a	is a conseq								-	
sicien and burial-tra	ai Examin	that initiated events resulting in death) Last		Due to (or a	s a conseq									
y the attending phys ached for use as the	hysician/Medicai	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 Yes 2 No 9 Unknown		f. 3c. If yes, outcom 1 □ Live birth 4 □ Pregnant a 9 □ Unknown	e of pregna 2 □ Feta at time of d	ancy al death 3[ death 5[	⊒Ectopic p ⊒ Other (sp	pecify)					Date of delive	ery Day Year
gned by the attending phys se detached for use as the	by Physician/Medicai	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1  Yes 2 No		f. 3c. If yes, outcom 1 □ Live birth 4 □ Pregnant a 9 □ Unknown	e of pregna 2 □ Feta at time of d	ancy al death 3[ death 5[	Other (sp	pecify)	n in Part I.			pacco use c	Month  ontribute to the	•
peen signed by the attending phys hould be detached for use as the	by Physician/Medicai	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 Yes 2 No 9 Unknown		f. 3c. If yes, outcom 1 □ Live birth 4 □ Pregnant a 9 □ Unknown	e of pregna 2 □ Feta at time of d	ancy al death 3[ death 5[	Other (sp	pecify)	n in Part I.			pacco use c	Month ontribute to the	Day Year  ne cause of death
peen signed by the attending phys hould be detached for use as the	by Physician/Medicai	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 Yes 2 No 9 Unknown		f. 3c. If yes, outcom 1 □ Live birth 4 □ Pregnant a 9 □ Unknown	e of pregna 2 □ Feta at time of d	ancy al death 3[ death 5[	Other (sp	pecify)	n in Part I,		1 ☐ Ye	pacco use cos 2 No	ontribute to the autoprior to condeath?	Day Year  ne cause of death' hably 4 X Unknown psy findings availa mpletion of cause
rate has been signed by the attending phys page 2 should be detached for use as the	e Completed by Physician/Medical	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1  Yes 2 No 9 Unknown  Part II. Other significant cond	litions cor	f. 3c. If yes, outcom 1 □ Live birth 4 □ Pregnant a 9 □ Unknown	e of pregna 2 □ Feta at time of d	ancy al death 3[ death 5[	Other (sp	pecify)		of Death	1  Yes 24a. Was an autops perform	pacco use cons 2 I No	ontribute to the autoprior to condeath?	Day Year  ne cause of death  ably 4 X Unknown
rate has been signed by the attending phys page 2 should be detached for use as the	Be Completed by Physician/Medical	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1  Yes 2 No 9 Unknown  Part II. Other significant cond	litions cor	3c. If yes, outcom  1	e of pregna 2 □ Feta at time of d but not res	ancy al death 3[ death 5[	Other (sp	cause give	26. Place		1 Ye 24a. Was an autops perform 1 Yes 2	pacco use cons 2 No	ontribute to the autoprior to condeath?	Day Year  ne cause of death  ably 4 10 Unknown  psy findings availa  mpletion of cause  2 \( \) No
this certificate has been signed by the attending phys at director, page 2 should be detached for use as the	To Be Completed by Physician/Medical	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1  Yes 2 No 9 Unknown  Part II. Other significant condexaminer? 1 Yes 2 No 25. Was case referred to med examiner? 1 Yes 2 No 27. Manner of Death	ical H	3c. If yes, outcom  1	e of pregna 2	ancy al death 3[ Jeath 5[ sulting in the u	Other (sp	cause give	26. Place c: 4 □ Nur.	sing Hom	1  Yes 24a. Was an autops perform	pacco use cos 2 No n 24 year 2 No PX No e)	ontribute to the ontribute to the ontribute to the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one	Day Year  ne cause of death habity 4 X Unknown psy findings availampletion of cause 2 No
this certificate has been signed by the attending phys at director, page 2 should be detached for use as the	To Be Completed by Physician/Medical	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1	ical H	3c. If yes, outcom  1	e of pregna 2	ancy al death 3 [ feath 5 [ sulting in the u	Other (sp	DA Other	26. Place c: 4 □ Nur.	sing Hom	1  Ye  24a. Was al autops perform 1 Yes 2  (Check only onle 5 Reside	pacco use cos 2 No n 24 year 2 No PX No e)	ontribute to the ontribute to the ontribute to the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one of the one	Day Year  ne cause of death  ably 4 10 Unknown  psy findings availa  mpletion of cause  2 \( \) No
this certificate has been signed by the attending phys at director, page 2 should be detached for use as the	To Be Completed by Physician/Medical	IF FEMALE:  23b. Was decedent pregnant in the past 12 months?  1	ical H	3c. If yes, outcom  1	e of pregna 2 Feta at time of d but not res	ancy al death 3 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath 5 leath	other (spinor)	DA Other	26. Place of the Nurnat of the Place of the Nurnat of the Place of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the Nurna of the Nurnat of the Nurnat of the Nurnat of the Nurnat of the N	sing Hom 2	24a. Was an autops perform 1 Yes 2 (Check only onle 5 Reside	pacco use cos 2 Non 24 no 24 no 25 No e)  nn cos 6 X No e)  reet and Nu	ontribute to the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	Day Year  ne cause of death  ably 4 10 Unknown  psy findings availa  mpletion of cause  2 \( \) No
this certificate has been signed by the attending phys at director, page 2 should be detached for use as the	Certification; To Be Completed by Physician/Medical	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1	ical H  Iding stigation lid not be emined	3c. If yes, outcom  1	e of pregna 2 Feta at time of d but not res  iient 2 iury ay Year)  njury - At hoto. (Specify	ancy al death 3[ death 5[ sulting in the u  ER/Outpatier 28b. Time or Injury	nderlying of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	DA Other	26. Place  C 4 Nur.  at  ?  Ges 2 N	o 2	24a. Was an autops perform 1 Yes 2 (Check only onle 5 Reside 8d. Describe ho	pacco use constant and selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the	Month ontribute to the ontribute to the ontribute to the ontribute to the ontribute to the ontribute to condeath?  1  Yes Other (Specification of the outried)	Day Year  ne cause of death hably 4 Nunkno psy findings availa mpletion of cause 2 No  HOSPIC  I Route Number,
this certificate has been signed by the attending phys at director, page 2 should be detached for use as the	tedical Certification; To Be Completed by Physician/Medical	IF FEMALE:  23b. Was decedent pregnant in the past 12 months?  1	ical H	3c. If yes, outcom  1   Live bird  4   Pregnant  9   Unknown  stributing to death  1   Inpat  28a. Date of In  (Month, Di  28e. Place of In  building, e	e of pregna 2 Feta at time of d but not res  iient 2 iury ay Year)  njury - At hoto. (Specify	ancy al death 3[ death 5[ sulting in the u  ER/Outpatier 28b. Time or Injury	other (spanning of the spanning  DA Other	26. Place  c 4 □ Nur.  at ?  fes 2 □ N  e, date and inion, death	o 2	24a. Was an autops perform 1  Yes 2 (Check only onle 5  Reside 8d. Describe hold the City or Town and due to the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the card at the time, darked a support of the card at the time, darked a support of the card at the card at the card at the card at the card at the card at the card at the card at the card at the card at the card at the card at the card at the card at the card at the card at the card at	pacco use constant and pacco use constant and pacco use constant and pacco use constant and pacco use constant and pacco use constant and pacco use constant and pacco use constant and pacco use constant and pacco use constant and pacco use constant and pacco use constant and pacco use constant and pacco use constant and pacco use constant and pacco use constant and pacco use constant and pacco use constant and pacco use constant and pacco use constant and pacco use constant and pacco use constant and pacco use constant and pacco use constant and pacco use constant and pacco use constant and pacco use constant and pacco use constant and pacco use constant and pacco use constant and pacco use constant and pacco use constant and pacco use constant and pacco use constant and pacco use constant and pacco use constant and pacco use constant and pacco use constant and pacco use constant and pacco use constant and pacco use constant and pacco use constant and pacco use constant and pacco use constant and pacco use constant and pacco use constant and pacco use constant and pacco use constant and pacco use constant and pacco use constant and pacco use constant and pacco use constant and pacco use constant and pacco use constant and pacco use constant and pacco use constant and pacco use constant and pacco use constant and pacco use constant and pacco use constant and pacco use constant and pacco use constant and pacco use constant and pacco use constant and pacco use constant and pacco use constant and pacco use constant and pacco use constant and pacco use constant and pacco use constant and pacco use constant and pacco use constant and pacco use constant and pacco use constant and pacco use constant and pacco use constant and pacco use constant and pacco use constant and pacco use constant and pacco use constant and pacco use constant and pacco use constant and pacco use constant and pacco use constant and pacco use constant and pacco use constant and pacco use constant and pacco use constant and pacco use constant and	Month  ontribute to the contribute to the contribute to the prior to condeath?  1  Yes  Other (Specific curred)	Day Year  ne cause of death hably 4 Nunkno psy findings availa mpletion of cause 2 No  HOSPIC  I Route Number, ated. the cause(s)	
his certificate has been signed by the attending phys I director, page 2 should be detached for use as the	tedical Certification; To Be Completed by Physician/Medical	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1	ical H	3c. If yes, outcom  1	e of pregna 2 Feta at time of d but not res  iient 2 iury ay Year)  njury - At hoto. (Specify	ancy al death 3[ death 5[ sulting in the u  ER/Outpatier 28b. Time or Injury	Other (spinderlying of the spinderlying of the	DA Other DA Office at the time, in my op c. License	26. Place  1 4 Nur.  at  2 es 2 Nur.  es 2 Nur.  at  at  at  at  at  at  at  at  at  a	o 2i	24a. Was an autops perform 1  Yes 2 (Check only onle 5  Reside 8d. Describe hold the City or Town and due to the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the card at the time, darked a support of the card at the time, darked a support of the card at the card at the card at the card at the card at the card at the card at the card at the card at the card at the card at the card at the card at the card at the card at the card at the card at	pacco use constant of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the seco	Month ontribute to the autoprior to condeath? 1 Yes Other (Specificurred	Day Year  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of dea
this certificate has been signed by the attending phys at director, page 2 should be detached for use as the	Medical Certification; To Be Completed by Physician/Medical	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1	ical H  Iding stigation lid not be emined   ying Physial Examir	3c. If yes, outcom  1	e of pregna 2 Feta at time of d but not res	ancy al death 3 [ leath 5 [ sulting in the u  ER/Outpatier 28b. Time of Injury  ome, larm, str  y)  swledge, death  tion and/or in	other (spanning of the spanning  DA Other DA Office at the time, in my op c. License	26. Place  c 4 □ Nur.  at ?  fes 2 □ N  e, date and inion, death	o 2i	24a. Was an autops perform 1  Yes 2 (Check only onle 5  Reside 8d. Describe hold the City or Town and due to the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the time, darked a support of the card at the card at the time, darked a support of the card at the time, darked a support of the card at the card at the card at the card at the card at the card at the card at the card at the card at the card at the card at the card at the card at the card at the card at the card at the card at	pacco use constant of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the seco	Month  ontribute to the contribute to the contribute to the prior to condeath?  1  Yes  Other (Specific curred)	Day Year  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of death  The cause of dea	

8:30 a.m.

OCTOBER 1, 2006

WILLIAM NEAL

38760,
P.O. Box 6
lecords, P
f Vital F
Division o

Please Type or Print in Black Indelible Ink. Ensure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 1 - For State Registrar Certificate of Death Reg. NZ UU6 1. Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** at amil tober 1,2006 /Medical 4a. Facility Name (If not institution, give street and number) 4c. County of Death 4b. City, Town, or Location of Death Examiner and Greneral Ho altimure If Under 1 Year | If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthday) 6. Sex Birthplace (State or Foreign Country) **Funeral** Days 1 □ M 250 F Hours 259-50 7766 Yrs. Director Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show 27 is marked other than "natural", or items 23a or 28a-f shot traumatic event, the Medical Examinat must be notified at Director 1/2 Yes 2 □ No 10e. Street and Number 10g. Citizen of Whal Country? 10f. Zip Code by Funeral 12. Was Decedent Ever in U.S. Armed Forces? 1 ☐ Yes 2 No If Yes, Give 14. Race - American Indian, Black, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status 1 Never Married 2 Married Baltimore, Maryland 21215-0036 If Yes, Give Year or Dates: 1 ☐ Yes 2 1 No Specify: 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation
(Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) NA 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Pages 1 and 2 should be Health and Mental I nue a 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) ratt - husband 726 md, 20b. Place of Disposition (Name of 20a. Method of Disposition Date 20c. Location - City or Town, State Department of Himportant: If Ite any Injury or of ODG. 1 Burial 2 Cremation 3 Removal from State 10-10-06 4 Donation 5 Dother (Specify) 22. Name and Address of Eacility 21. Signature of Fune of Service License FredHILTON 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) Physician /Medical Due to (or as a consequence of): Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Examine certificate hes been signed by the attending physicien and irector, page 2 should be detached for use es the buriat-Iran Due to (or as a consequence of): Physician/Medical IF FEMALE 23c. If yes, outcome of pregnancy 1 Live birth 2 Fetal death 23b. Was decedent pregnant 23d. Date of delivery in the past 12 months? 3 Ectopic pregnancy Month Day Year 4 Pregnant at time of death 5 Other (specify) 9☐ Unknown Part II. Other significant conditions contributing to death bull not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? ě 4 Onknown Be Completed 3 Probably 24b. Were autopsy findings available prior to completion of cause of death?

1 Yes 2 No 24a. Was an 1 Yes 2 10 No within 24 hours after death.

To the Funeral Director: After this certific completely fitted in by the funeral director, 25. Was case referred to medical 26. Place of Death | Check only one Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Unpatient Certification: To 1 Yes 2 No 2 ER/Outpatient 3 DOA 28a. Date of Injury (Month, Day Year) 27. Manney of Death 28b. Time of Injury 28d. Describe how injury occurred 1 Natural 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical (Check only one) 29b. Signature and little of certifier 29d. Date signed (Month, Day, Year) who completed cause of death (Item 23a) (Type, Print) 31. Date filed (Month, Day, Year) 32. Registrar's Signature State Registrar

DHMH 17 Rev 1/2001

Registrar

Source

			1 - For State Registrar	State of Marylan	d / Depa <i>Cei</i>	artment of H rtificate of L	ealth and M Death	lental Hyg	ien <b>2</b> 006	31462	
	Physici /Medio		1. Decedent's Name (First, Middle, Last		PS			2. Date of Death	30 2006	3. Time of Death 2.20p, M	
	Examir Funeral Director		4a. Facility Name (If not institution, give  UNIVERSITY HOSP  5. Social Security Number  6. Se  213–26–6371	ITAL	ast birthday) Yrs.	4b. City, Town, or  BALTT  If Under 1 Year  Months Days		8. Date of Birth (Month, Day, 6-20-1	Year) Cou	place (State or Foreign ntry) YLAND	
	Aaryland show	ō	Usual Residence of Decedent  10a. State 10b. County  MD N/A		, Town or Lo		,			10d. Inside City Limits 1 ☑Yes 2 ☐ No	
	3a or 28a-1	Funeral Director	10e. Street and Number 1506 N. COLLING		DALITE	10f. Zip Code 212	13	10	Og. Citizen of What Cou USA	Citizen of What Country?	
920	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Ptygiene. Important: if item 27 is marked other than "natural", or Items 23a or 28a-f show part injury or other traumatic event. I'm Medical Examinar must be notified at once.	by	11. Marital Slatus  1 ☐ Never Married 2 ☐ Married  3 ☐ Widowed 4 ☐ Divorced	12. Was Decedent Ever in U. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give A Year or Dates:	1	Was Decedent of Hi f Yes, specify Cubar 1 ☐ Yes 2 ☑ No	spanic Origin? (Spin, Mexican, Puerto	ecify Yes or No- Rican, etc.)	14. Race - Ameri Black, While Specify: BLA	etc.	
21215-0036	i within 72 hou liene. r than "naturi the Medical E	Completed	15. Decedent's Edu (Specify only highest grad Elementary/Secondary (0-12)	cation e completed) College (1-4or 5+)	life DO NOT use retired)			ing	16b. Kind of Business/Ir	•	
aryland 2	should be filed nd Mental Hygis marked other umatic event.	To Be C	17. Father's Name (First, Middle, Last) FRANK JOHNSON		40.14.			E WILLIA	AMS		
Σ	es 1 and 2 st of Health and I item 27 is n r other traun		19a. Informant's Name/Relationship (T)  DENISE RICHARDS  20a. Method of Disposition  1 2 Burial 2 Cramation 3 F	(DAUGHTER)	150 ace of Dispo		LINGTON A	VE. BAL	City or Town, State, Zip CIMORE, MAR 20c. Location - City or T	YLAND 21213	
Baltimore,	permit. Pages Department of i Important: if it eny injury or o		4 ☐ Donation 5 ☐ Other (Specify)	CRO	IIBNER		s of Facility PHI	LLIPS FU	CROWNSVILLE UNERAL HOME		
58760,	ficate be executed    Medical Examiner   Physician and	al Examiner	23a. Part1. Et the disease, or complishock reart failure. List only or Immediate disease or indition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	ie cause on each line.	Do not enter I M E sence of):		, such as cardiac o	or respiratory arre		Approximate Interval Between Onset and Death	
P.O. Box 687	The iaw requires that the death certificate tie hes been signed by the atlending phys age 2 should be detached for use as the	Physician/Medical	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1	3c. If yes, outcome of pregnan 1 □ Live birth 2 □ Fetal 4 □ Pregnant at time of de	death 3	Ectopic pregnancy Other (specify)			23d. Date of deliv Month	ery Day Year	
	w requires that the been signed by should be detact	þ	Part II. Other significant conditions cor DIAIS ETES M. C				n in Part I.	23e. Did tob	acco use contribute lo t	he cause of death?	
Vital Records,		e Completed	05 We are afound to						prior to co death? 1 Yes	opsy findings available impletion of cause of	
Division of Vii	ding Pl	examiner?  1   Yes   2   SCNo							nce 6 Other (Special winjury occurred		
O N	To the Hospital or Attent within 24 hours after deatl To the Funeral Director: completely filled in by the		4 Homicide determined  29a. Certifier 1 Certifying Phys. (Check only 2 Medical Exemi	28e. Place of Injury - At hobuilding, elc. (Specify	viedge, death	occurred at the time	a date and place.	City or Town,	use/s) and manner as s	tated	
•	To the H within 24 To the F complete	Medical	29b. Signature and title of certifier  Ranger			20a Liganaa	numbor		d. Date signed (Month,	O	
5	Sta Registr		30. Name and address of person who co	2 Registrar's Signat	iy		vest thus	pital C	anley		

ORIGINAL

			11000	State of Maryla		ent of Health and	•	_	
			T = For State Ragistrar	State of Maryla		ate of Death		2006	31463
	Physic		1. Desedent's Name (First, Middle, L	ast)	250		2. Date of Death Month		3. Time of Death
A	/Medi Examir		Facility Name (If not institution, g	ive street and number)	4b. C	y. Town, or Location of Deal		4c. County of Death	
			DON Sero	ors tosp	DITA	DALTIM	ore_	NA	
	Funeral Director		5. Social Security Number  214-64-4934  Usual Residence of Decedent	Sex 7. Age (In y	5. last birthday) If Un Monti	der 1 Year If Under 24 Hrs as Days Hours Min.		Year) 954 May	place (State or Foreign
	death with the Maryland me 23a or 28a-f ehow rrust be notified at	tor	Mary and 10b. County	A B	city, Town or Location altimor	e		1	0d. Inside City Limits
	death with the me 23s or 28 must be not	ai Director	10e. Street and Number 5309 Todd	Avenue	10f.	Zip Code 21206		og. Citizen of What Coun United St	
215-0036	hours after dea tural', or Iteme	by Funeral	11. Marital Status  1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Ever in Armed Forces?  1 ☐ Yes 2 ☒ No If Yes, Give Year or Dates:	If Yes, s	cedent of Hispanic Origin? (Specify Cuban, Mexican, Puer 220 No Specify:	Specify Yes or No- to Rican, etc.)	14. Race - Americ Black, White, of Specify: Black	an Indian, etc. ACK
5-0	72	Completed	15. Decedent's (Specify only highest g		16a. Decedent's U	sual Occupation work done during most of wo. use retired)	rking 1	6b. Kind of Business/Ind	dustry
2121	within ene. then *	Jupi	Elementary/Secondary (0-12)	College (1-4or 5+)	Labor			Construc	ction
	e filed of Hygin other	Be Co	17. Father's Name (First, Middle, Las		Lacour		me (First, Middle, M		JION
/lan	should be nd Menta marked matic ev	To B	Alexander 1	1. Kose		Lucill	e Wes-	tmorelan	d
Maryland	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		19a. Informant's Name/Relationship Lucille McB	(Type, Print) ride - Mother	19b. Mailing Address 5 3 0 9	ess (Street and Number or Riv Todd Avenue		City or Town, State, Zip	
ore,	ges 1 and it of Health If item 27 or other t		20a. Method of Disposition 1 🕱 Burial 2 □ Cremation 3	Removal from State	Place of Disposition (/	lame of rother place)	Date 6 2	Oc. Location - City or To	wn, State
Baltimore	Department Department Important: Pry injury c		4 □ Donation 5 □ Other (Spec	ify) K	ing Memor	0		Baltimire,	
Ba	Depa Impo		21. Signal Te Funeral Service Lice	ensee		and Address of Eapplity and Bex 11651	is Funera Baltimor	. Service, P e, MD. 21	229
760,	ate be executed hysician and he burial-itansit	il Examiner	23a. Pact_Enter the disease, or conshock, or heart failure. List only Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	Due to (or as a conse	quence of):	Jeous	got cor respiratory arres	m/A 2(A	Approximate Interval Between De fit
687	ficate t physics the b	edical	•	d					
P.O. Box	Physician: The law requires that the death certifica this certificate has been signed by the attending ph ral director, page 2 should be detached for use as th	Completed by Physician/Med	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 □ Yes 2 □ No 9 □ Unknown	23c. If yes, outcome of pregr 1 □ Live birth 2 □ Fet 4 □ Pregnant at time of 9 □ Unknown	al death 3 Ectopic			23d. Date of deliver Month	ry Day Year
	s that med by e deta	y P	Part II. Other significant conditions	contributing to death but not re	sulting in the underlying	cause given in Part I.	23e. Did toba	acco use contribute to the	e cause of death?
ord	equire ten sig ould b	ted t	MOITIENS	en on	grav +	Alluno	1 ☐ Yes	2 No 3 Proba	ably 4 Unknown
Records,	ding Physician: The law requir h. After this certificate has been s funeral director, page 2 should	ompie	MAINUTA	TIÓN	<u> </u>		24a. Was an autopsy perform	ed / death /	osy findings available apletion of cause of
of Vital	oian: artifica ictor. p	Bec	25. Was case referred to medical examiner?			26. Place of Dea	1 ☐ Yes 2 [ ath Check only one	TNo 1 ☐ Yes	2U NO
<b>o</b> t \	Physic this o	ျှ	1 ☐ Yes 2 1 No		ER/Outpatient 3			ice 6 □Other (Specify)	)
on	ding h. After funer	tion	27. Manner of Death  1	28a. Date of Injury (Month, Day Year)	28b. Time of Injury	28c. Injury at Work? 1 ☐ Yes 2 ☐ No	28d. Describe how	r injury occurred	
Division	To the Hospital or Attending within 24 hours after death. ▼o the Funeral Director: After completely filled in by the funer	Certification:	3 Suicide 6 Could not a determined	00 00 01	nome, farm, street, fact		28f. Location (Stre City or Town,	eet and Number or Rural State)	Route Number,
	Hospita     24 hours     Funera     letely filler	Medicai C	29a. Certifier 1 Certifying P (Check only one) 1 Medical Exa	hysician: To the best of my kn miner: On the basis of examin and manner stated.	owledge, death occurre ation and/or investigati	od at the time, date and place on, in my opinion, death occu	, and due to the cau rred at the time, date	ise(s) and manner as sta e and place, and due to	ited. the cause(s)
	To th ✓ Aithin compl	Me	29b. Signature and title of ceather	00	2	9c. License number	290	d. Date signed (Month, D	lay, Year)
	0		H. NEAL P	andal	MN	D5116;	5,	10/02	106
(-	`		30. Na e and a dress o person	com eted cause of dea (Ite	2 a) [v(e, rint)	one Hass	what.	12514	140+10 =
	Sta	te	31. Date filed (Month, Day, Year)	32 Registro 's Sign	ature	017 110 A	SILVE C	THI	MICAS
	Registr	ar	OCT 0 / 20	nc MA	12 Roman				

			1- For Amend item#10b, perFH, 000, 10/4/06 TI Cer	artment of Health and M tificate of Death	ental Hygie		31464
	Physici		1. Decedent's Name (First, Middle, Last) Ames Mccoy Robinson		2. Date of Death Month	Day Year 2	3. Time of Death
	/Medio Examir		4a. Facility Name (It not institution, give street and Sumber)  Boltimore Rehabilitation Extended Care	4b. City, Town, or Location of Death  Baltimore		4c. County of Death	
	Funeral Director		5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) 87 Yrs.	If Under 1 Year If Under 24 Hrs. Months Days Hours Min.	8. Date of Birth (Month, Day, You 09-12-	ear) Cou	place (State or Foreign intry) VA
	ith the Maryland or 28e-f show a notified at	tor	Usual Residence of Decedent  10a. State  10b. County  10c. City, Town or Lo				10d. Inside City Limits 1 XYes 2 □ No
	3a or 28e	Funeral Director	MD Street and Number  3213 BAKER STREET	10f. Zip Code 21216	10g.	. Citizen of What Cou	intry?
36	ges 1 and 2 should be filed within 72 hours after death with the Maryland it of Health and Mental Hygiene.  If Item 27 is marked other then "natural", or Items 23a or 28e-1 show or other traumatic event, the Medical Exam	by Funera	11. Marital Status  12. Was Decedent Ever in U.S. Armed Forces?  1 □ Never Married 2 □ Married   1∑ Yes 2 □ No   1 Yes, Give   1	Was Decedent of Hispanic Origin? (Spe f Yes, specify Cuban, Mexican, Puerto I	ocify Yes or No- Rican, etc.)	14. Race - Amer Black, White Specify:	
21215-0036	hin 72 hour b. n "natural Wedicul Ex	Completed b	(Specify only highest grade completed) (Give	lent's Usual Occupation kind of work done during most of workin DO NOT use retired)	ng 161	B] b. Kind of Business/Ir	LACK
	be filed with ital Hygiene id other the	Be	6 MAT  17. Father's Name (First, Middle, Last)	NTENANCE 18. Mother's Name	(First, Middle, Mai		MARTIN
Maryland	12 should be h and Mental 7 is marked o traumatic eve	오	19a. Informant's Name/Relationship (Type, Print) 19b. Mailin	ANNIE g Address (Street and Number or Rura 8 YATARUBA DR.		ity or Town, State, Zi	•
Baltimore, I	Pages 1 and 2 nent of Health snt: If Item 27 ary or other tra		20a. Method of Disposition 11 Burial 2 □ Cremation 3 □ Removal from State  20b. Place of Disposicemetery, crem	sition (Name of Diatory or other place)	ate 200	ORE, MD	own, State
Baltin	permit. Page Department o Important: If any injury or once.		21. Sign ture of Funeral Service Licensee 22	ILLE CEM.   10-6  Name and Address of Facility J.A  701-31 LAURENS	.MORTON		
4	Physician /Medical		23a. Pagt. Enter the disease, or complications that daused the death. Do not enter shock, or heart failure. List only one cause on each line.  Immediate Cause (Final disease or condition a. Carcinoma because in death)				Approximate Interval Between Onset and Death
	Examiner	iner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	e /			
2,09289	cate be executed physician and the burial-transit	dicai Examiner	that initiated events resulting in death) Last   c. Due to (or as a consequence of):				
.O. Box (	death certifi e attending id for use as	Physician/Medi		Ectopic pregnancy Other (specify)		23d. Date of deliv	ery Day Year
<b>Q</b>	sign sign	by	Part II. Other significant conditions contributing to death but not resulting in the un	derlying cause given in Part I.	23e. Did tobac	co use contribute to t	he cause of death?
I Records,	The law requisate has been page 2 should	Completed			24a. Was an autopsy performed 1 Yes 2	prior to co	opsy findings available impletion of cause of
f Vital	ysician: is certific director,	To Be (	25. Was case referred to medical examiner?  1 □ Yes 2 ☑ No  Hospital: 1 ☑ Inpatient 2 □ ER/Outpatient	26. Place of Death	, , , , , , , , , , , , , , , , , , , ,	e 6 □Other (Specia	(y)
Division of	tending eath. or; After the fune	Certification:	27. Many fer of Death 1 \$\infty\$ Natural 5 \subseteq Pending investigation 2 \subseteq Accident 3 \subseteq Suicide 6 \subseteq Could not be	28c. Injury at 2 Work? M 1   Yes 2   No	8d. Describe how i	njury occurred	
Divi	pital or Attend		4 Homicide determined 289. Place of Injury - At nome, farm, streething, etc. (Specify)	<u></u>	City or Town, S		
	To the Hospital or Att within 24 hours after d To the Funeral Direct completely filled in by	Medical	29a. Certifier (Check only one)  1  Certifying Physician: To the best of my knowledge, death 2  Medical Examiner: On the basis of examination and/or inv and manner stated.  29b. Signature and title of certifier	estigation, in my opinion, death occurre	d at the time, date	and place, and due t	o the cause(s)
)	,		30. Name and address of person who completed cause of death (Item 23a) (Type, Form S. Lah, m.o. 3900 Loch Raven Boulevar 31. Date filed (Month, Day, Year)  OCT 0 4 2006	34359(OH)	10) 10	0 2 2	006
	(Q+)	te	John S. Lak, M.D. 3900 Loch Raven Boulevan  31. Date filed (Month, Day, Year)  32. Determined (Month, Day, Year)	S. Baltimore mos	yland 2	1218	
	Registr	aš	OCT 0 4 2006 Decus 15. 19	3482			

State of Maryland / Department of Health and Mental Hygiene 006 31465 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Eva Elizabeth L. Rhodes 6:09 AM DETOBEL 2006 /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner SINA! HOSPITH OF BALTIMOLE BAltiMORE 8. Date of Birth (Month, Day, Year) If Under 1 Year | If Under 24 Hrs. 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1 □ MX2X F Months Days Hours 83 187-14-2324 Pennsylvania Director Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or itema 23a or 28a-f show traumatic event, the Mudical Evant for most to midfield at 1 ☐ Yes 2X Funeral Directo MD Baltimore Randal1stown 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 3801 Schnaper Dr. 220 Apt. 21133 U.S.A. 12. Was Decedent Ever in U.S. Armed Forces? 1 □Yes ŽŽŽNo Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 Never Married 2 Married 1 Yes XXNo Maryland 21215-0036 Specify ģ If Yes, Give Year or Dates: Specify: XXWidowed 4 Divorced White 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 11 Secretary Baltimore County 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be should be f and Mental Donald Clarence Long Bessie Frances Rice 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Sharon Brough / Daughter 3547 Water Tank Rd. Manchester, MD 21102 f Health Baltimore. 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State Pages 1 XXBurial 2 Cremation 3 Removal from State Ξ Woodlawn Cemetery 10/05/06 4 ☐ Donation 5 ☐ Other (Specify) Woodlawn, MD 21. Signature of Funeral Service Licensee 22. Name and Address of Facility Eckhardt Funeral Chapel P.A. 11605 Reisterstown Rd. Owings Mills, MD21117 Well 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death tmmediate Cause (Final CEREBROVAS CULAR ACCIDENT Physician disease or condition resulting in death) /Medical Due to (or as a consequence of): Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of). Examine ettending physicien and for use as the burial-transit Due to (or as a consequence of): Box 68760 certificate be Physician/Medical IF FEMALE: 23c. If yes, outcome of pregnancy 1 Live birth 2 Fetal death 23b. Was decedent pregnant 23d. Date of delivery 3 Ectopic pregnancy in the past 12 months? 1 ☐ Yes 2 ☐ No Month Day Year 4☐Pregnant at time of death 5 Other (specify) P.0. 9 Unknown Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? Division of Vital Records, DEVI PHEMAL DICENSE VAS CULAR 1 Yes 2 No 3 Probably 4 Winknown Completed HYPERPENSION ANWRYSM 40ATIC 24a. Was an 24b. Were autopsy findings available prior to completion of cause of death?

1 Yes 2 No autopsy performed? 2 No 1 Yes After.
.er death.
Jirector: After this ceru...
.he funeral director, pr 25. Was case referred to medical Be 26. Place of Death Check only one Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Inpatient Certification: To 2 ER/Outpatient 3 DOA 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Time of Injury 28d. Describe how injury occurred 5 Pending investigation To the Hospital or Attendi within 24 hours after death. To the Funeral Director: A 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) filled in by 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier (Check only one) 29b. Signature and the of certifier 29c. License number 29d. Date signed (Month, Day, Year) RES -000 2006 OCTOBER 3 Name and address of person who completed cause of death (Item 23a) (Type, Print) FABR1210 4057 17AZ MORE CAIMI SINAI 31. Date filed (Month, Day, Year) 32. Registrar's Signature State

DHMH 17 Rev 1/2001

Registrar

0 4 2006

2

KNOWY

JA!

			1 - For State Registrar	State of Maryland / Dep Ce	ertment of Health and ertificate of Death		ien 2006 31466
			Decedent's Name (First, Middle, Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson Landson L			2. Date of Deat	th 3. Time of Death
п	Physici /Medio		EDWARD FRANCIS	REEDY		September	Day Year 12:21PM
	Examir		4a. Facility Name (If not institution, gi	ve street and number)	4b. City, Town, or Location of De		4c. County of Death
			Doctor's Commun		Lanham		Prince George's
	Funeral			Sex 7. Age (In yrs. last birthda)  1 ☑ M 2 ☐ F Yrs.		in. (Month, Day,	Year) Country)
	Director		484-03-5719 Usual Residence of Decedent	89 Trs.		1-16-1	917 Iowa
	/land		10a. State 10b. County	10c. City, Town or I	ocation		10d. Inside City Limits
	Man	tor	Maryland Prince	George's Riverdal	e Park		1X Yes 2 □ No
	or 28	Director	10e. Street and Number	555285	10f. Zip Code	1	0g. Citizen of What Country?
	ath wi		5012 Oglethorpe	Street	20737	1	U.S.A.
	er de	Funerai	11. Marital Status	12. Was Decedent Ever in U.S. Amed Forces? 10/2	Was Decedent of Hispanic Origin? If Yes, specify Cuban, Mexican, Pu	(Specify Yes or No- erto Rican, etc.)	14. Race - American Indian, Black, White, etc.
36	2 should be filed within 72 hours after death with the Maryland and Mental Hygiene. Is marked other then "naturel", or items 23s or 28s-f show aumatic event, the Modical Examination to Incitited at		1 ☐ Never Married 2 X Married 3 ☐ Widowed 4 ☐ Divorced	Amed Forces? 1∑Yes 2 No 1942- If Yes, Give Year or Dates: 1945	1 ☐ Yes 2 ☒ No Specify:		Specify: White
21215-0036	2 hou	Completed by	15. Decedent's E	ducation 16a. Dec	edent's Usual Occupation		16b. Kind of Business/Industry
215	Pn "n	pje	(Specify only highest git Elementary/Secondary (0·12)	ade completed) (Giv life.	e kind of work done during most of v DO NOT use retired)		Government
2	filed wit Hygiene other the	Son	12	Prin	ter		Printing Offices
D D	be file	Be	17. Father's Name (First, Middle, Las		18. Mother's N	lame (First, Middle, M	Maiden Sumame)
Х	Men	ပ္	Martin Leo Reed		Mary L		
Maryland	12 sh h and 7 ie m	y si	19a. Informant's Name/Relationship		ing Address (Street and Number or		
	s 1 and 2 should of Health and Men item 27 is marks other traumatic		Elizabeth I. Re	20b. Place of Disp	osition (Name of		lale Park, MD 20737  20c. Location - City or Town, State
Baltimore,			1 Burial 2 □ Cremation 3 [ 4 □ Donation 5 □ Other (Special	Removal from State	ematory or other place)		•
	permit. Page Department of Important: If any injury or once.	1	21. Signature Funeral Service Lice	nsee / Gate of	2. Name and Address of Facility G	2/4/2006 asch's Fur	Silver Spring, MD
B	Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped	į į	Habrit 1		739 Baltimore Av		
			23a. Part1. Enter the disease, or con shock, or heart failure. List only	pplications that caused the death. Do not er			
	Physician		Immediate Cause (Finat disease or condition	Chromic obs	tructive 1	) la man	On and Death
	/Medical		resulting in death)	Due to (or as a consequence of):	11 901 1	ulvoran	Jean 30 Jean
	Examiner	_	Sequentially list conditions,	b			
10	ed sit	iner	if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	Due to (or as a consequence of):			
٦٥	be executed sician and burial-transit	Examin	that initiated events resulting in death) Last	c.  Due to (or as a consequence of):			
8760,	cate be executed ohysician and the burial-transif	dicai E		d			
89		edic				and seasoning	
Box	The law requires that the death certifi lie has been signed by the attending, page 2 should be detached for use as	by Physician/Me	IF FEMALE: 23b. Was decedent pregnant	23c. If yes, outcome of pregnancy 1 ☐ Live birth 2 ☐ Fetal death 3	□Ectopic pregnancy		23d. Date of delivery
Э.	e dea he att	sici	in the past 12 months? 1 Yes 2 No		Other (specify)		Month Day Year
о. О	w requires that the de been signed by the should be detached	Phy	9 Unknown			no- Dide-	
က်	ires ti signe d be d		_ /	contributing to death but not resulting in the	hmias S		pacco use contribute to the cause of death?
Š	v requ	etec			1001142		
Re	has ge 2	Completed				24a. Was ar autops perforn	v prior to completion of cause of
g	in: Tr	e Co	25. Was case referred to medical		00 Bl (5	1 ☐ Yes 2	No 1 □ Yes 2 □ No
5	hysician: The la his certificate ha I director, page 2	OB	examiner?	Hospitat: 1 X Inpatient 2 ☐ ER/Outpatie	Othor	eath Check only one	e) ince 6 ⊡Other (Specify)
ō	ding Phy h. After thi funeral o	ıi.T	27. Manner of Death	28a. Date of Injury (Month, Day Year) 28b. Time tnjury			w injury occurred
Ö	andin path. or: Afi	atio	Natural 5 Pending 2 Accident investigation	in .	M 1 Yes 2 No		
Division of Vital Records,	if or Attend efter death Director: /	Certification;	3 ☐ Suicide 6 ☐ Could not t 4 ☐ Homicide determined		treet, factory, office	281. Location (Sti City or Town	reet and Number or Rural Route Number, i, State)
	urs ef			1			
	To the Hospital or Attending Physician: within 24 hours after death and 17 to the Funeral Director. After this certifice completely filled in by the funeral director, p	Medical	29a. Certifier (Check only one)  Certifying P  Certifying P	hysician: To the best of my knowledge, dea miner: On the basis of examination and/or i and manner stated.	th occurred at the time, date and planvestigation, in my opinion, death oc	ice, and due to the ca curred at the time, da	ause(s) and manner as stated. ate and place, and due to the cause(s)
	o the	Med	29b. Signature and title of certifier	and marrier stated.	29c. License number	29	9d. Date signed (Month, Day, Year)
ì	- > - 0		R. Dak	bell in D	642 22/4/02		Cat. 10. 20 21
	Kir			completed cause of death (Item 23a) (Type	Print)	-	regiember ou, Jeob
_	140,		Read Dakheel, M.L	completed cause of death (Item 23a) (Type ). 4000 Mitchellville 32. Registrar's Signature	Road Suite B 216	Bowie 1	nd 20116
	Sta		31. Date filed (Month, Day, Year)	32. Registrar's Signature	K		
	Registr	ar	OCT 0 4 2006	Marie Do Page			

06-07349 Oct

#### Please Type or Print in Black Indelible Ink

tavia Scott		State of Maryland / Department of F 			000	
Physicia	_	Registrar  1. Decedent's Name (First, Middle,Last)	704117	2. Date of Death		5. Time of Death
edical Exami	ner	OCTAVIA SCOTT	City, Town, or Location of Death	Month September	30, 2006  4c. County of Death	0427 hrs
			Baltimore		P/A	
Funeral		211/21/1	If Under 1 Year If Under 24Hrs  Months Days Hours Min.	→	(MM/DD/YYYY) 9. Birth Foreign	
Director		13-33-707 1 M 2XF 32 Yrs.	Winters Days Flours Will.	HARch C	4 1454 Cou	ntry) Virginia
any		Usual Residence of Decedent  10a State 10b. County 10c. City, Town or Location				10d Inside City Limits
and f show	ō	HARYLAND NA BAHAMOR				1 X Yes 2 No
e Mary or 28a-	Directo	10e. Street and Number	21206	10	g. Citizen of What Coun	try?
eath with the Maryland items 23a or 28a-f show any ust be notified at ouce.			Decedent of Hispanic Origin? (Sp		14 Race - Americ	an Indian, Black,
P 5 E	Funeral	1 Yes 2 No	, specify Cuban, Mexican, Puerto	Rican, etc.)	White, etc.	. 1
irs after ural", miner	ক্র	or Dates:	es 2 No specify.  Usual Occupation (Give kind of v	vork done	Specify://///CI	AMERICANI Industry
6 72 hot ru "nai	Completed	Elementary/Secondary (0-12) College (1-4 or 5+)	t of working life. DO NOT use reti	red)	NIA	
5-0036 led within 7 Hygiene other than	ошо	17. Father's Name (First, Middle, Last)	SAbled 18.Mother's Name	(First, Middle, M		
21215. 21215. Muld be filec Mental Hy marked of	Bec	Alford Saunder	DEIla	500	1 4	
Baltimore, MD 21215-0036  permit. Pages 1 and 2 should be filled within 72 hours after death with the Maryland Department of Health and Mental Hygiene Important: If item 27 is marked offer than "natural", or items 23a or 28a-f she injury or other traumatic event, the Medical Examiner must be notified at once	ျ	19a Informant's Name/Relationship (Type, Print)  19b. Mailing A  HARIENA D. SCO++ daughter 3514 a	Address (Street and Number or F		per, City or Town, State,	
e, MD and 2 sho Health and item 27 is	1.5	20a. Method of Disposition 20b. Place of Disposition	on (Name of cemetery.	/ Date	20c. Location - City or	Town, State
		1 Burial 2 Cremation 3 Removal from State crematory or other 4 Donation 5 Other Specify:	mel cen.	aber of	Dundalk, 1	MARYLANd
Baltimore, permit Pages I an Department of Hea Important: If iten injury or other tra		nature of Funeral Service Ligansee 22. Nar	ne and Address of Facility Sey m. WALLAC Sw. Franklin	e Fune	RAL SERVI	Ci 21229
Physician	-	23. Part   Frier the disease, or complications that caused the death. Do not enter the	mode of dying, such as cardiac o	r respiratory arre	st, shock, or heart	Approximate Interval
/Medical Examiner		failure. Est only one cause on each line.  Immediate Cause (Final disease a. Arteriosclerotic Cardiovascular Disea	ise			8etween Onset and Death
}		or condition resulting in death)  Due to (or as a consequence of):				
	iner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause				
i i	Examiner	(Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of):				
tal Records, P.O. Box 68760, rian: The law requires that the death certificate be executed certificate has been signed by the attending physician and ector, page 2 should be detached for use as the burial - transit		d AMENDED				
60, ate be e shysicia te buria	Medical	IF FEMALE: 23c. If yes, outcome of pregnancy			23d. Date of delivery	
Box 687  e death certifice the attending p	ian/I	past 12 months?	death 3 Ectopic pregna	ancy	Month D	ay Year
Box e death the atte	Physician/	1 Yes 2 No 9 V Unknown g Unknown	r (Specify)			
b.O. that the ned by detach	by P	Part II. Other significant conditions contributing to death but not resulting in the unconditions.  Sickle cell anemia	ferlying cause given in Part I.	promission of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the con	2 No 3 Prob	
Division of Vital Records, P.O. rat or Attending Physician: The law requires that the art acteun. After this certificate has been signed by led in by the funeral director, page 2 should be detach		olonic cell alternia		24a. Was a	n 24b. Were aut	opsy findings available
ecor ne law r te has b ge 2 sh	Completed			autops perforr		ompletion of cause of
/ital Roysiciau: Ti	Be Cc	25. Was case referred to medical examiner?	26 Place of Death (Check			
f Vit Physic er this o	ပ	1 Yes 2 No Inpatient 2 ER/Outpatient			Residence 6  Other:	Scene
on of ending Pl ath. or: After he funera	Certification:	1 V Natural 5 Pending (Month, Day, Year)	1 Yes 2 No	204. 5000110011	ow many becamed	
ivisi or Attu after de Directo	tifica	2 Accident Investigation 3 Suicide 6 Could not be 28e. Place of Injury - At home, farm, street,	factory, office building, etc	28f. Location (Si or Town, St	treet and Number or Rur	al Route Number, City
Divisio Hospital or Atter 24 hours after dear Funeral Director tely filled in by th		4 Homicide determined (Specify)  29a Certifier Check and 1 Certifying Physician: To the best of my knowledge, death occurre	d at the time, date and place, and			
Division  To the Hospital or Attend within 24 hours after death To the Funeral Director: completely filled in by the	Medical	(Check only one) 2 Medical Examiner: On the basis of examination and/or investigation and manner stated.				
£ ≥ £ 8	Me	29b. Signature and title of certifier	29c. License number		29d Date signed (Mon	th, Day, Year)
$\sim$		Theselen Mr Kert JR, M. D.	O.C.M.E.		October 3, 2006	
3		30. Name and address of person who completed cause of death (tem 23a)  Theodore M. King, Jr., MD. Assistant Medical Examiner 1	11 Penn Street, Baltimor	e, MD 21201		
S Regis	tate	AAT A A BACK I DEED A COM ARCHITE				
- Kegis	47.5					

			1 - For State Registrar	State of Maryland	d / Depart <i>Certit</i>	ment of H <i>licate of L</i>	lealth and I Death		ien <b>2</b> 0 0 6	31468
	Physici	315	1. Decedent's Name (First, Middle, Last)					2. Date of Death Month	Day Yea	3. Time of Death
	/Medic			rles Smith				September		
	Examin	er	4a. Fecility Name (If not institution, give s		41	_	Location of Death	n	4c. County of De	4rundel
_	Funeral		5. Social Security Number 6. Sec			Under 1 Year	If Under 24 Hrs.			Birthplace (State or Foreign Country)
	Director		213-64-1437	(M 2   51	Yrs.	onths Days	Hours Min.	(Month, Day, March 13	1955 /	Maryland
•	P >		Usual Residence of Decedent  10a. State 10b. County	10c City	, Town or Locati	00				10d. Inside City Limits
	faryla shor	or		. 1	-					1 ☐ Yes 2 No
	the h	Directo	Maryland Ame Arun	bei		dena 101. Zip Code		10	Og. Citizen of What	Country?
	3a or	i Di	8243 Old Mill R	di		2112	2		US	4
	deatl	Funeral		12. Was Decedent Ever in U.S Armed Forces?	S. 13. Was	Decedent of Hi	ispanic Origin? (S n, Mexican, Puert	pecify Yes or No-	14. Race - Ar Black, W	mericen Indian,
36	or Ite	by Fu	1 Never Married 2 Married	1 ☐ Yes 2 <b>⊠</b> No If Yes, Give		Yes 2 No	Specify:		Specify: W	
Ö	within 72 hours after death with the Maryland ane. than "natural", or Items 23e or 28e-f show Ite Medical Executer must be notified at	q pa	3 Widowed 4 Divorced	Year or Dates:	16a Decedent	's Usual Occupa	ation		16b. Kind of Busine	
7.	n na Nedic	Completed	(Specify only highest grade		(Give kin	d of work done of NOT use retired	during most of wor	rking		·
21215-0036	d with giene er the	Com	Elementary/Secondary (0-12)	Conege (1-401 3+)	S	elf-em	played		constr	uction
	be filed ital Hygirid other event, I	Be	17. Father's Name (First, Middle, Last)					ne (First, Middle, M		
<u> </u>	should be ind Mental s marked o	ď	Arthur Le		401 14.77			herine	City or Town, State	Ti- Code)
Maryland	d 2 sho th and 7 is m traum		19a. Informant's Name/Relationship (Ty Rhanda Harsh /	POA		old Mill 1	1 ^			12-2
	tem 27		Rhanda Harsh / 20a. Method of Disposition	-	ace of Disposition				20c. Location - City	
9	Pages nent of I int: If its iry or o		1 ☐ Burial 2 ☐ Cremation 3 ☐ R  '4 ⑤ Donation 5 ☐ Other (Specify)	emoval from State   .	long Giffs		- A - A - C	2, 2006	Hanover	MD
Baltimore,	permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylan Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or Items 23a or 28a-1 show appringury or other traumatic event, the Medical Examination at Once.		21. Signature of Funeral Service Licens		22. N	ame and Addre	s of Facility An	ateny Gifts	Registry	
<u> </u>	89659		1 50		7527	2 Connelle	1 Aire su	te P. Hanov	er, MD 26	076
	Physician /Medical Examiner	-	23a. Part1. Enter the disease, or complishock, or heart failure. List only or immediate Cause (Final disease or condition resulting in death)	Due to (or as a consequ	Stance of):	tre	lu	J. Consistence of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant	in ier	Approximate Interval Between Onset and Deal
8760,	icate be executed physician and s the burial-transit	dical Examiner	cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	Due to (or as a consequ						
.O. Box 6	death certifi e attending id for use as	by Physician/Me	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 □ Yes 2 □ No 9 □ Unknown	3c. If yes, outcome of pregnal 1 Live birth 2 Fetal 4 Pregnant at time of de	death 3 □Ec	topic pregnancy ther (specify)			23d. Date of Month	delivery Day Year
ds, P	es of es		Part II. Other significant conditions con	stributing to death but not resu	ilting in the unde	rlying cause give	en in Part I.			to the cause of death?  Probably 4  Unknown
Vital Record	w requir been si should	Completed						24a. Was ar	n 24b. Were	autopsy findings available
Re	hysician: The lav nis certificate has I director, page 2	mo du						autops perform 1 Yes 2	ned? death	o completion of cause of ? les 2□ No
İ		Be C	25. Was case referred to medical				26. Place of Dea	ath Check only o		
	Physician: this certificinal director.	To	examiner?		ER/Outpatient	3□ DOA Othe	4   Nursing H	lome 5 Reside	nce 6 □Other (S	pecify)
D C	ing P	iuol:	27. Manner of Death 1 Natural 5 ☐ Pending	28a. Date of Injury (Month, Day Year)	28b. Time of Injury	28c. Injury Work		28d. Pescribe ho	w injury occurred	
Division of	To the Hospitel or Attanding Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	Certification:	2 Accident investigation 3 □ Suicide 6 □ Could not be 4 □ Homicide determined	28e. Place of Injury - At ho building, etc. (Specify	me, larm, street,		Yes 2 □ No	28l. Location (Str City or Town		Rural Route Number,
	Hospite 24 hours Funera stely fille	edical C	(Check only one)	rician: To the best of my knowner: On the basis of examinat and manner stated.	wledge death or ion and/or invest	curred at the tim tigation, in my of	ie, data and place pinion, death occu	and due to the caured at the time, da	use(s) and manner ate and place, and o	es stelled. fue to the cause(s)
	To the within To the comple	Me	29b. Signature and title of certifier	W X 12	_ \ \	29c. License	e number	25	9d. Date signed (Mo	onth, Day, Year)
			16-7-1t	~ 1000	7,00	1	D399	140	Octob	er 2 2006
	10		30. Name and address of person who co	mpleted cause of death (Item	23a) (Type, Prin	30	5. 1	ospita	J Dr	ine in
			31. Date filed (Month, Day, Year)	32 Registrar's Signal	T) J		Glen	15 mm	18 m	D 2106
	Sta Registr		OOT A 1 260C	Z negistrar's signal	lingel	2.				

			1- For State of Maryland / Do	epartment of F			2006	31469
	Physici		1. Decedent's Name (First, Middle, Last)  GEORSE EDWARD SUT	Tod		2. Date of Death Month	Day Year	3. Time of Death
	/Medic Examin		4a. Facility Name (If not institution, give street and number)  36/ LINDENS CONT	4b. City, Town, o	/		4c. County of Deat	ARUNDEL
	Funeral Director		210 10 3100	nday) If Under 1 Year Months Days	If Under 24 Hrs. Hours Min.	8. Date of Birth Month, Day, Y Sept 14	9. Bird , 1914 Mai	thplace (State or Foreign Dunity) 1 y 1 and
Maryland	f show	tor	Usual Residence of Decedent  10a. State 10b. County 10c. City, Town  Maryland Anne Arundel G1	or Location en Burnie				10d. Inside City Limits 1 ☐ Yes 2 ☐ No
with the	a or 28a- be natif	Direct	10e. Street and Number	10f. Zip Code	.061		J. Citizen of What Co	
:1215-0036 within 72 hours after death with the Maryland	Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or Items 23a or 28a-f show any injury or other traumatic event. Ite Medical Examinar must be notified at once.	by Funeral Director	361 Lindera Court  11. Marital Status  1 □ Never Married 2 □ Married  3 ☑ Widowed 4 □ Divorced  3 ☐ Videous Status   12. Was Decedent Ever in U.S. Armed Forces?  1 ☐ Ves Cive   Ves Cive Year or Dates:	13. Was Decedent of H If Yes, specify Cuba			14. Race - Ame Black, White	encan Indian,
<b>21215-0036</b> od within 72 hours af	giene. rr than "natura It e Medical E	Completed	(Specify only highest grade completed) (	Decedent's Usual Occup Give kind of work done life. DO NOT use retired CESS Operato	during most of work d)	ing 16	steel Inc	
Maryland 2	and Mental Hygiene. is marked other than aumatic event, It e Me	To Be C	17. Father's Name (First, Middle, Last) Marshal Suite			e (First, Middle, Ma ce Farre1:		
, Mary	alth and h	•	Warren Suite (Son) 3	Mailing Address <i>(Street</i> 6 2Nd Stree	et,Lothiar	n, MD 2071		Zip Code)
Baltimore,	Department of Health a Important: If item 27 is any injury or other tra	The property of		Disposition (Name of c, crematory or other place and Veteran			c. Location · City or Cheltenha	
Balt Dermit	Departi Import any inj once.		21. Signutur of Funeral Service Lidensee	22. Name and Addre	Ferry Ro	oad, Clint	ton, MD 20	
1	nysician Medical xaminer		23a. Part. Enter the disease, or complications that caused the death. Do no shock, or heart failure. List only one cause on each line.  Immediate Cause (final disease or condition resulting in death)  a. Dua to (or as a consequence of Sequentially list conditions.	AnTon				Approximate Interval Between Onset and Death  S y Ks
68760, ifficate be executed		lical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  b. Due to/(or as a consequence of cause.)  Due to (or as a consequence of d.					·
Box death cert	ittending p	Physician/Med	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1   Yes 2   No 9   Unknown   23c. If yes, outcome of pregnancy 1   Live birth 2   Fetel death 4   Pregnant at time of death 9   Unknown	3 Ectopic pregnancy 5 Other (specify)	1		23d. Date of del Month	livery Day Year
	ည် ရ	þ	Part II. Other significant conditions contributing to death but not resulting in		ren in Part I.		cco use contribute to	o the cause of death? robably Lunknown
I Rec	ate has t	Completed				24a. Was an autopsy performe	prior to	utopsy findings available completion of cause of
Division of Vital	r this certific	To Be	25. Was case referred to medical examiner?  1 Yes 2 No Hospital: 1 Inpatient 2 ER/Outs  27. Manner of Death 28a. Date of Injury (Month, Day Year) Injury 2 Accident investigation	me of 28c. Injury	er: 4 🗆 Nursing Ho	th (Check only one) The Residence 28d. Describe how	ce 6 ⊡Other (Spe	cify)
Divisi	after death.  Director: A d in by the fu	Certification:	3 Suicide 4 Homicide 6 Could not be determined 28e. Place of Injury - At home, farm building, etc. (Specify)	m, street, factory, office		28f. Location (Stre City or Town,	et and Number or Ru State)	ural Route Number,
Div	within 24 hours a  To the Funeral C  completely filled	edical C	29a. Certifier (Check only one)  Certifying Physician: To the best of my knowledge, 2 Medical Examiner: On the basis of examination and and manner stated.					
To T	To the	M	29b. Signature and title of certified	29c. Licens	1 L 2 18	290	Date signed (Mont	h, Day, Year)
100000	0X\		30. Name and address of person who completed cause of death (Item 23a) (Tharles Harrison, MD 3900 Loch Ra	Type, Print) aven Blvd, I	Baltimore	, MD 212	18	
	Sta Regist		31. Date filed (Month, Day, Year) 32. Sistrar's Signature OCT 0 4 2006	And I				

State of Maryland / Department of Health and Mental Hygiene 2006 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death September 29, 2006 **Physician** Thomas Allan Segree 10:07AM /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Anne Arundel Medical Center Annapolis Anne Arundel If Under 1 Year If Under 24 Hrs.

Months Days Hours Min. 8. Date of Birth (Month, Day, Year) March 10,1937 5. Social Security Number Birthplace (State or Foreign Country) 6. Sex 7. Age (In yrs. last birthday) **Funeral** Months 1 M 2 □ F Florida Director 267-48-2644 Usual Residence of Decedent 10a. State 10b County 10c. City, Town or Location 10d, Inside City Limits is marked other then "naturel", or items 23s or 28s-f show sumatic event, the Manical Examiner must be notified at 1 Yes 2 No Directo Anne Arundel Arnold Maryland 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? USA 755 Holly Lane 21012 Completed by Funeral 12. Was Decedent Ever in U.S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give A Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian 11. Marital Status Black, White, etc. 1 Never Married 2 Married Maryland 21215-0036 1 ☐ Yes 2 X No Specify: Specify: White 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation 15. Decedent's Education 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) Engineer / Mgr. Westinghouse 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be 2 should be f and Mental h Roy Allan Segree Thelma Bass 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Importent: if item 27 is any injury Edith Serree, Wife 755 Holly Lane Arnold, Maryland 21012 Baltimore. 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State permit. Pages 1 Department of H 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Baltimore, Maryland Metro Crematory Inc. | 10/02/06 21. Signature of Funeral Service Licensee

Thomas Gregor 22. Name and Address of Facility Cremation Society Of Maryland, Inc. 299 Frederick Road Baltimore, Maryland 21228 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) **Physician** /Medical Due to (or as a consequence of). Examiner 4n ( Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Examiner Due to (or as a consequence of): certificate be executed been signed by the attending physicien and should be detached for use as the burial-transit Due to (or as a consequence ol): Box 68760. Physician/Medical IF FEMALE: 23c. If yes, outcome of pregnancy 1 ☐ Live birth 2 ☐ Fetal death 23d. Date of delivery 23b. Was decedent pregnant 3 Ectopic pregnancy in the past 12 months?
1 ☐ Yes 2 ☐ No Month 4☐Pregnant at time of death 5 Other (specify) P.O. 9 Unknown 9 Unknown Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? Records. Completed by 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause of death? s certificate has b autopsy performed? 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 4 ospitel or Attending Physicien: Thours after death.
uneral Director: After this certificet
ity filled in by the tuneral director, pi Division of Vital 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Inpatient 2 Inpatient 3□ DOA 27. Manne Death 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28d. Describe how injury occurred 28b. Time of Certification: 1 Matural 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 281. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide To the Hospitel o within 24 hours af To the Funeral D completely filled in 12 Cartifying Physician: To the best of my moveledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medicai and manner 29b. Signature and title of ce 32. Registrar's Signature State

DHMH 17 Rev 1/2001

Registrar

Please 1	Type or Prin	t in Black	Indelible Ink.	Ensure	All Copies	Are Legible.
	11.				oop.oo	

			1 - For State Registrar	State of N	Marylan	•		nt of H te of L		nd Me		jiene •g. No.	006	31471
	Physici	an	1. Decedent's Name (First, Middle, La	,						2	Date of Dea Month	th Day	Year	3. Time of Death
	/Media		Geraldine Pat								October (1980)		2006	2:40 A M
	Examir	ier	4a. Facility Name (If not institution, git		er)				Location of	Death		4c. C	County of Deatl	
	Funoral		Stella Maris Hos  5. Social Security Number 6.		Age (In yrs.	last birthday)		L'IMON	ILUM If Under 2		Date of Birth	1	Balti 9. Birtl	INOTE  nplace (State or Foreign
н	Funeral Director			1□M 2∏F	70	* .	Months	Days	Hours	Min.	Month Day	193	36 Ma	ryland
	D .		Usual Residence of Decedent		10. 00									
	shov	5	10a. State 10b. County		Tuc. City	y, Town or Lo								10d. Inside City Limits 1 Y Yes 2 □ No
	1he M	ecto	Maryland N/A			Ва	1time	ore Code				On Citize	en of What Co	21
	with of a	Funeral Director	3210 Bayonne Ave	nue			101. 21	2121	Źı.			og. Onizi	USA	unity :
	ms 23	era	11. Marital Status	12. Was Decede			Nas Dece	dent of Hi	spanic Orig	in? (Specif	y Yes or No-	14	1. Race - Ame	
21215-0036	n 72 hours after death with the Maryland "natural", or Items 23e or 28e-f show edical Exarchar must be rediiled at	þ	1 ☐ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	Armed Force  1  Yes 25  If Yes, Give  Year or Date	ŽΝο		fYes, spe 1□Yes	1	n, Mexican, Specify:	Puerto Rio	ean, etc.)	S	Black, White Specify: $\overline{W}$	hite
5-0	d within 72 ho giene. rr than "natur rr a Medical	Completed	15. Decedent's E (Specify only highest gr			16a. Deced	ient's Usu kind of wo	al Occupa	ition uring most	of working		16b. Kin	d of Business/	ndustry
121	within ene. then.	mpi	Elementary/Secondary (0-12)	College (1-4d	or 5+)		oo noti erica					C+ 1		
70	를 수 를 받		12 17. Father's Name (First, Middle, Las.	')		CI	erre	<u>11</u>	18. Mother	's Name (/	First, Middle,		e Gove	rnment
Maryland	2 should be f and Mental H is marked of raumatic svs	To Be	Anthony Pater	,						rie M				
ary	ss 1 and 2 should be of Health and Menta [item 27 is marked rother traumatic sy	-	19a. Informant's Name/Relationship	Type, Print)		19b. Mailin	g Addres	s (Street a				r, City or	Town, State, Z	Tip Code)
	and 2 salth a n 27 is		Denise A. Miller	Daughte	er	3208	Bayon	nne A	venue	Balt	imore.	Mar	vland .	21214
altimore,	of He of He fitem r oth		20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 3 [	Removal from Sta	1 0	lace of Dispo emetery, cren	sition (Na	me of		Date			ation - City or	
Ë	Pag ment tant: i		4 Donation 5 Other (Special			ro Cre				0/02/		Balt	imore,	Maryland
Ball	permit. Pages 1 Department of h important: if ite any injury or ot once.		21. Signature of Funeral Service Lion Mondo Thomas Gregor	tree		2 2 2	name a remai 99 Fi	d Addres Lion eder	s of Facility Socie ick R	ty Of oad F	Maryl Baltimo	and,	Inc. Maryla	nd 21228
п			23a. Part1. Enter the disease, or con shock, or heart failure. List only	plications that caus one cause on each	sed the death line.	h. Do not ente	er the mod	de of dying	, such as c	ardiac or r	espiratory arr	est,		Approximate Interval Between Onset and Death
	Physician		Immediate Cause (Final disease or condition resulting in death)	a. LUNG (	CANCER									Onsor and Dodan
	/Medical Examiner	.	Toodking in cooking	Due to (or	as a consequ	uence of):								
		ē	Sequentially list conditions, if any leading to immediate cause. Enter Underlying Cause (Disease or injury	b. Due to (or a	as a cons	uence of:	-							
	ansit d	Examine	cause. Enter Underlying Cause (Disease or injury that initiated events											
o,	en an erial-tr	EX	resulting in death) Last	Due to (or	as a consequ	uence of):								
8760,	physicien and sthe burial-transit	Icai		d									-	
9	ertific ling pl	Med	IF FEMALE:	00 . 11						77				
Вох	The law requires that the death certifi te has been signed by the attending I age 2 should be detached for use as	Physician/Medical	23b. Was decedent pregnant in the past 12 months?	23c. If yes, outcon 1☐ Live birth 4☐ Pregnant	2 Fetal	Ideath 3	Ectopic p					23	d. Date of deli Month	very Day Year
P.O.	at the de by the a tached	ysic	1 ☐ Yes 2 🙀 No 9 ☐ Unknown	9 Unknown		94(1) 5	Other (s)	Jecny)						
	that	by Pr	Part II. Other significant conditions	contributing to death	but not resu	ulting in the ur	nderlying (	ause give	n in Part I.		23e. Did to	bacco us	e contribute to	the cause of death?
rds	w requires been sign should be	g pa									1 □ Y	es 2 🗌	No 3□Pro	obably 4 XIUnknown
Vital Records,	law re as bee 2 sho	Completed									24a. Was a	ın	24b. Were au	topsy findings available completion of cause of
Ä	The I	ĕ									autops perfor 1  Yes	med? 2 <b>K</b> No	death?	2 No
/ita	certifican:	Be	25. Was case referred to medical examiner?							of Death (	Check only or	100		
<del>6</del>	Physician: this certific ral director,	၉	1 ☐ Yes 2 🗶 No	Hospital: 1 Inpa		ER/Outpatien			4 L Nur		·		Other (Spec	HOSPICE
	ing After une	on	27. Manner of Death 1 X Natural 5 ☐ Pending		Day Year)	28b. Time of Injury	м	28c. Injury Work	al ? ′es 2.∐N	1	d. Describe h	ow injury	occurred	
Division	Attending in death.	lcat	2 Accident investigation 3 Suicide 6 Could not to	De Jan Plans of	Injury - Al ho	ome farm str			95 Z 🗀 N		Location (S	treet and	Number or Ru	ral Route Number,
Θį	of Attendation of Attendation of Director: /	Certification;	4 Homicide determined	building,	etc. (Specify	y) , (a.t.), (a.t.)	oct, ractor	y, onlos		20.	City or Town	n, State)	74077207 07 710	ar riodio rumbor,
	Hospits 4 hours Funeral ely fille	Medical C	29a. Certifier (Check only one)  1 Certifying P 2 Medical Exa	hysician: To the be miner: On the basis and manner	of examinat	wledge, death tion and/or inv	occurred restigation	at the tim	e, date and inion, death	place, and occurred	due to the cat the time, d	ause(s) a ate and p	nd manner as place, and due	stated. to the cause(s)
	To the Hos within 24 h To the Fur completely	Me	29b. Signature and title of certifier	)			29	c. License	number		2	9d. Date	signed (Month	n, Day, Year)
				-				D4.	372	2		10	5/2/06	
	10		30. Name and address of person who	completed cause of	f death (Item	23a) (Type,				-			1	
_	4		DR. TARIQ MAHMOO			Y VALLI	EY RI	. T	IMONI	UM, M	D 2109	3	***	_
4	Sta Registr		31. Date filed (Month, Day, Year) OCT 0 4	2006 32. Redi	strar's Signa	ture	bort	20						

			1 - For State Registrar	State of M	aryland / Dep <i>Ce</i>	artment of F			ene 2006	31472
	Dhariai		Decedent's Name (First, Middle, Last	(t)				2. Date of Death Month	Day Year	3. Time of Death
4	Physici /Medio		Pauline L.	Scot	t			Septembe	er 29 200	6 3:00 P M
	Examir	ner	4a. Facility Name (If not institution, given 3812 Brooklyn Av			Baltime	r Location of Death		4c. County of De	ath
	Funeral		Social Security Number 6. S	ex 7. Ag	e (In yrs. last birthday		If Under 24 Hrs	8. Date of Birth	0.8	rthplace (State or Foreign
	Director		212 20 0003	□M 2- F	87 Yrs.	Worters Days	TIOUIS IVIII.	Nov 16,	1918 N	rthplace <i>(State or Foreign</i> co <i>intry)</i> lary1and
	/land		Usual Residence of Decedent  10a. State 10b. County		10c. City, Town or L	ocation				10d. Inside City Limits
	e Man a-feh	ctor	Maryland N/A			Ва	1timore			1 🕅 Yes 2 🗌 No
	th with th	al Directo	10e. Street and Number 381	2 Brooklyr	a Avenue	10f. Zip Code	21225	100	g. Citizen of What C USA	•
980	s 1 end 2 should be filed within 72 hours after death with the Maryland of Health and Mental Hygiene. Item 27 is marked other then "natural", or items 23s or 28s-f show other treumatic event, the Medical Examinatmust be notilised at	by Funeral	11. Marital Status  1 ☐ Never Married 2 ☐ Married  3 ত Widowed 4 ☐ Divorced	12. Was Decedent Armed Forces? 1 ☐ Yes 2 ☐ If Yes, Give A Year or Dates:	Ever in U.S. 13.	Was Decedent of H If Yes, specify Cuba 1 ☐ Yes 2X No	lispanic Origin? (Spe an, Mexican, Puerto Specify:	ecify Yes or No- Rican, etc.)	14. Race - Am Black, Wh Specify:	
5-0	natu	etec	15. Decedent's Ed (Specify only highest gra		16a. Dece (Give	edent's Usual Occup e kind of work done o DO NOT use retired	ation during most of work	ing 16	6b. Kind of Busines	s/Industry
21215-0036	filed within Hygiene. other then "	Completed by	Elementary/Secondary (0-12)	College (1-4or	5+) life.	Secretary			US Coast	Guard Yard
	ould be filed Mental Hygi arked other atic event, II	Be	17. Father's Name (First, Middle, Last)	1 W. Lambo	ert			e (First, Middle, Ma Lillian B		
Maryland	should land Men ls marke	ပ	19a. Informant's Name/Relationship (	Type, Print)	19b. Mail	ing Address (Street	and Number or Rura	al Route Number, (	City or Town, State,	
-	1 end 2 Health a em 27 ls		Atty. William N.	Scherer,	and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th		in Hwy., S			
TOFE	Pages 1 nent of H int: If Ite iry or otl		20a. Method of Disposition  1   Burial 2 □ Cremation 3 □  4 □ Donation 5 □ Other (Specification 1)			osition (Name of ematory or other place ill Cemete	(e)		oc. Location - City o Baltimore	rTown, State , Maryland
Baltimore	permit. Page Department of Importent: If any Injury or ance.		21. Signature of Funeral Service Licen		E Ecker   a	McCully-Pa	ss of Facility			
ī	40240		23a. Part1. Enter the disease, or com	olications that caused	the death. Do not en					21225-1856 Approximate
	Physician /Medical		shock, or heart failure. List only Immediate Cause (Final disease or condition resulting in death)	a. USI	ne.	AR FI				Interval Between Onset and Death
н	Examiner		Sequentially list conditions,	b. CA		ARRE	ST-A	CUTE K	1.40 CAR	DIAL THAT
	ansit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	-	20 NAR	y ART	TERY	DISEA	36	
60,	icate be executed physicien and sthe burial-transit	i Exa	resulting in death) Last		a consequence of):	181VE				
68760,	ficate I physics the b	edicai	•	d		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				<u> </u>
P.O. Box	The law requires that the death certificate be executed ate hes been signed by the ettending physicien and page 2 should be detached for use as the burial-transit	Physician/M	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 ☐ Yes 2 ☐ 10 9 ☐ Unknown	23c. If yes, outcome 1 □ Live birth 4 □ Pregnant at 9 □ Unknown	2 Fetal death 3	□Ectopic pregnancy □ Other (specify)	NA	ar .	23d. Date of do Month	elivery Day Year
	w requires that been signed b should be deta	þ	Part II. Other significant conditions of	ontributing to death b	, the	underlying cause giv	en in Part I.			to the cause of death?  Probably 4 Unknown
Il Records,		Completed						24a. Was an autopsy performe	prior to	autopsy findings available completion of cause of s
Vital	Physicien: Th this certificate ral director, pag	o Be	25. Was case referred to medical examiner?	Hospital:		ont 3 DOA Oth		(Check only one)		212 -
ō	g Phys ter this neral di	$\vdash$	27. Manner of Death	28a. Date of Inju (Month, Da	ent 2 ER/Outpatie	III JUDA	4 LI Norsing Ho	me 5 A Resident 28d. Describe how	ce 6 Other (Sp	ecify)
sion	endin sath. or: Aft he fun	atio	1 Natural 5 Pending 2 Accident investigation	1	y Year) Injury		Yes 2 □No			
Division	al or Attence attence after death	Certification:	3 Suicide 6 Could not be determined	286. Place of Ini	ury - At home, farm, si c. (Specify)	treet, factory, office	1.45++++++++++++++++++++++++++++++++++++	28f. Location (Stre City or Town,	et and Number or F State)	Rural Route Number,
	To the Hospitel or Attending within 24 hours after death.  To the Funerel Director: After completely filled in by the fune.	Medical C	29a. Certifier 1 Certifying Ph (Check only one)	ysician: To the best niner: On the basis o and manner st	of my knowledge, dea f examination and/or in	th occurred at the tin	ne, date and place, pinion, death occurr	and due to the cau ed at the time, date	se(s) and manner a e and place, and du	as stated. se to the cause(s)
	within To the compl	Me	29b. Signature and title of certifier	1 //	1	29c. License	e number	290	d. Date signed (Mor	nth, Day, Year)
			CARLOS HO FI	ATALIN	STIRE SK	RED DI	18426	0	CT. 2-	2006
	10		30. Name and address of person who	completed cause of c	leath (Item 23a) (Type		et un	5 2/27	2,7	
	Sta	ite	31. Date filed (Month, Day, Year)	32. Registr	ar's Signature	B	100	1 4 12	3	
*	Registr	rar	001042	000	Per St.	me				

State of Maryland / Department of Health and Mental Hygiene 2006 31473 For State Registrar Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month OCT. **Physician** 01 STEPHANIE W. TURNER 2006 13:33 [™] /Medical 4a. Facility Name (If not institution, give street and number) 4c. County of Death 4b. City. Town, or Location of Death Examiner NORTHWEST HOSPITAL RANDALLSTOWN BALTIMORE If Under 1 Year | If Under 24 Hrs. 5. Social Security Number 8. Date of Birth (Month, Day, 05/29/ 9. Birthplace (State or Foreign 6 Sex 7. Age (In vrs. last birthday) **Funeral** Months Days Hours Min MARYLAND 1 ☐ M 2 💢 F 1952 54 Yrs Director 212-60-6516 Usual Residence of Decedent with the Maryland 10c. City. Town or Location 10d. Inside City Limits 10a. State 10b. County Itam 27 is marked other than "natural", or itams 23s or 28s-1 show other treumstic event, the Madical Examinar must be political at MD BALTIMORE OWINGS MILLS 1 ☐ Yes 2 ☐ No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 10 10402 CASCADE FALLS COURT 21117 USA Completed by Funeral filed within 72 hours after death 12. Was Decedent Ever in U.S Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status 14. Race - American Indian. Black, White, etc. 1 ☐ Yes 2 ☐XNo If Yes, Give 1 Never Married 2 Married Baltimore, Maryland 21215-0036 1 ☐ Yes 2 No Specify: Specify: BLACK If Yes, Give Year or Dates: 3 Widowed Wivorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry PENNSYLVANIA NATL. al Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) CLAIMS ADJUSTER INSURANCE CO. 12TH YEARS 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be 1 and 2 should be fi Heelth and Mental H Iam 27 is marked ot THOMAS WILLIAMS GERALDINE WELCH 0 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21117 19a. Informant's Name/Relationship (Type, Print) Itam 27 BYRON TURNER / SON 10402 CASCADE FALLS CT, OWINGS MILLS, MD 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Pages 1 ₹ 5 1 XBurial 2 ☐ Cremation 3 ☐ Removal from State Depertment of Important: If any Injury or once. 10/06/06 ARBUTUS MEM. PK. BALTIMORE CO., MD 4 □ Donation 5 □ Other (Specify) 22. Name and Address of Facility 22. Name and Address of Facility HOWELL FUNERAL HOME 21207 4600 LIBERTY HEIGHTS AVE, BALTIMORE, MD Approximate Interval Between Onset and Death the disease, or complications that caused the death art failure. List only one cause on each line. Immediate Cause (Final rtenioscleratic Cardiovasci **Physician** disease or condition resulting in death) /Medical Due to (or as a consequence of): Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events Due to (or as a consequence of) Examiner The law requires that the death certificate be executed burial-transit ettending physicien and resulting in death) Last Due to (or as a consequence of): P.O. Box 68760, Physician/Medical use as the IF FEMALE: 23c. If yes, outcome of pregnancy 1 ☐ Live birth 2 ☐ Fetal death 23d. Date of delivery 23b. Was decedent pregnant 3 Ectopic pregnancy in the past 12 months? 1 ☐ Yes 2 ☐ No 9 ☐ Unknown ŏ Month Year 4 Pregnant at time of death 5 Other (specify) cete hes been signed by the page 2 should be detached Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? δ Division of Vital Records, 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Únknown Be Completed 24a. Was an autopsy perform 24b. Were autopsy findings available prior to completion of cause of death?

1 ☐ Yes 2 ★ No After this certificete funeral director, pag 1 Yes or Attanding Physician: 25. Was case referred to medical 26. Place of Death Check only one Hospital: 1 Inpatient Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 No 2 ER/Outpatient 3 DOA 28a. Date of Injury (Month, Day Year) Manner of Death 28c, Injury at Work? 28b. Time of 28d. Describe how injury occurred 1 Natural 2 Accident 5 Pending death. 1 Yes 2 No within 24 hours efter death.

To the Funeral Diractor: A completely filled in by the fo investigation 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, State) 4 | Homicide Hospital Medical 29a. Certifier Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one) 29b. Signature and title 29c. License number October 3, 2006 ath (Ite 23a) (Type, Print) Trimble Hiller, Luthenville, MD 21093 MD 32. Registrar's Signature 2006 Registrar

06-07241 Stacey Vann

Please Type or Print in Black Indelible Ink
State of Maryland / Department of Health and Mental Hygiene

		1- For State Registrar	or marylana / i		cate of L		ia ivicitai i	, 0	eg. No. 20	006 3147
Physici		Decedent's Name (First, Middle,Las	,				<u>. –                                     </u>	2. Date of Dea	nth Year	3. Time of Death
Medical Exami	ıner	Stacey Edward  4a. Facility Name (if not institution, giv	Vann, Jr.		La	07	1	Septembe	er 25, 2006	1445 hrs
<b>)*</b> 0., _{e,}		Doctors Community Hosp				City, Town, o _anham	r Location of Dea	th	4c. County of Prince Go	
Funeral		Social Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 6. S		In yrs. last bi		If Under 1 Yea	ar If Under 24Hi	s. 8. Date of Bir		Birthplace (State or
Director		242-47-5098 ¹ X	M 2 F	35	Yrs.	Months Day		n.		Foreign Washangton, D
		Usual Residence of Decedent						Aug.	24, 19/1	washington, D
w any		10a. State 10b. County		c. City, Town	n or Location					10d. Inside City Limits
Maryland 28a-f show d'at once.	ō	Maryland Prince G	eorge's	Mitch	ellvil	1e_				1 X Yes 2 No
Mary r 28a- ed at	Director	10e. Street and Number				Of. Zip Code		1	0g. Citizen of Wha	at Country?
t with the Maryland ms 23a or 28a-f sho be notified at once		12733 Holiday Lan				20716			U.S.A.	
72 hours after death with the Maryland n "natural", or items 23a or 28a-f sho al Examiner must he notified at once	Funeral	11. Marital Status  1 Never Married 2 Married	12. Was Decedent Ev Armed Forces?		13. Was D	ecedent of Hi specify Cuba	spanic Origin? ( § n, Mexican, Puert	Specify Yes or No o Rican, etc.)	- 14. Race - White,	- American Indian, Black, etc
ter de			1 Yes 2 X	No	1 7	es 2X No	specify:		Specify	Black
5-0036 led within 72 hours after Hygiene other than "natural", the Medical Examiner	d by	15. Decedent's Education (Specify or	or Dates:	eted) 16a.			tion (Give kind of	work done	16b. Kind of Bus	
136 hin 72 ho e than "na edical Ex	Completed	Elementary/Secondary (0-12)	College (1-4 or 5+)		during most	of working life	e. DO NOT use re	tired)		,
0036 vithin ene err tha Medic	m	12			Lo	ader			Pepsi (	Company
21215-0036 ald be filed within Mental Hygiene marked other tha.		17. Father's Name (First, Middle, Last)					18.Mother's Nam	e (First, Middle, M	Maiden Surname)	
212 Id be Mental marke	o Be	Stacey Edward Va 19a. Informant's Name/Relationship (T	nn, Sr.	110	h Mailing A	dross (Sta	Lena Rh			
ID 2 2 shou and 3 27 is n	Ě	Gloria Howell (A	,,,				., Dudle		nber, City or Town,	, State, Zip Code)
Baltimore, MD 21215-0036 permit. Pages I and 2 should be filed within 7 Department of Health and Mental Hygiene Important: If item 27 is marked other than injury or other traumatic event, the Medica	- (	20a. Method of Disposition		20b. Place	of Dispositio	n (Name of ce	metery,	Date		City or Town, State
nor ages ant of a		1 X Burial 2 Cremation 3	Removal from State		itory or other od Cem		10	/4/06	Goldsbor	co NC
altin nit. P antme sortar		4 Donation 5 Other Specify: 21. lignature of Funeral Service Liven	s e	I I I I I I I I I I I I I I I I I I I						.0, 110
Dep Per De III		Liennis July	nuce		Ho 15	well F	unerál H ne Memor	ome & Ci	rematory Goldsbo	oro, NC 27534
Physician		23a. Part I. Enter the disease, or comp failure. List only one cause on ea	ications that caused the	death. Do n	ot enter the r	node of dying	such as cardiac	or respiratory arre	est, shock, or hear	t Approximate Interval
/Medical Examiner		•	Complications of s	spider/ ins	ect bite					Between Onset and Death
4		or condition resulting in death)	Due to (or as a consequ	ence of):						
	ē	Sequentially list conditions,  if any, leading to immediate	Due to (or as a consequ	ence of):				<del></del>		
	Examiner	Cause Enter Underlying Cousing (Disease or injury that initiated C.								- 4
red ted	Exa	events resulting in death) Last	Due to (or as a consequ	ence of):						
60, che executed sician and burial - transit	g	UNPENDED d.	AMENDED						<del>-</del>	
760, Icate be physicial the buria	/Medical	IF FEMALE:	23c. If yes, outcome of	of pregnancy					23d. Date of de	alwan
6876 ertificat fing phy	ician/I	23b. Was decedent pregnant in the past 12 months?	1 Live birth		2 Fetal o	death 3	Ectopic pregn	ancy	Month Month	Day Year
Box 68' death certiff he attending ed for use as t	ശി	1 Yes 2 No 9 Unknown	4 Pregnant at tim 9 Unknown	e of death	5 Other	(Specify)			2.6	
b.O. Be that the de ned by the detached f	Phy	Part II. Other significant conditions		it not resultin	a in the linde	erlying cause o	riven in Part I	23e Did to	hacco uso contribu	ute to the cause of death?
P.O.	þ	•	To a document	i i i i i i i i i i i i i i i i i i i	ig in the diad	mymig oddae (	giverriir arti.			Probably 4 Unknown
ords, w requir	Completed							24a. Was a		ere autopsy findings available
COF e law r e has t	d u				-			autops perfor	sy prid	or to completion of cause of ath?
tal Rection: The certificate ector, page		25 Was case referred to medical				OC Pleas	of Death (Check		2 No 1	Yes 2 No
Division of Vital Records, tal or Attending Physician: The law requirers after death all Director: After this certificate has been sited in by the finieral director, page 2 should be in by the finieral director.	o Be	examiner?	ospital: 1 🗸 Inpatient	2 ER/O	utpatient 3		Other:		Residence 6	Other:
ing Phy After th	$\vdash$	1 ✓ Yes 2 No 27. Manner of Death	28a. Date of Injury		Time of Injury		ry at Work?	28d. Describe h	ow injury occurred	<u> </u>
ion tendin eath for: A	흹	1 Natural 5 Pending	Sep 24, 2006	090	0 hrs	1`	Yes 2 🗸 No	Subject bitte	n by spider/in	sect
Visi	ij	2 Accident Investigation 3 Suicide 6 Could not be	28e Place of Injury	- At home, fa	arm, street, fa	actory, office b	puilding, etc.	28f. Location (S	treet and Number	or Rural Route Number, City
Divi	Certification:	4 Homicide determined	(Specify) Multi-	Family Ap	ot.		19	or Town, St 2708 <b>Kirkwo</b>	ate) od Place #303	3, Hyattsville, MD
		29a. Certifier 1 Certifying Physicia	n: To the best of my kn	owledge, de	ath occurred	at the time, da	ate and place, and	due to the cause	e(s) and manner as	s started.
To the Howithin 24 h To the Fun completely	edical	one) 2 Medical Examiner:	On the basis of examina and manner stated.	ation and/or i	nvestigation,			at the time, date a		
	Σ	29b. Signature and title of certifier				29c. Licens				(Month, Day, Year)
		unal -				O.C.I	VI.E.		September 2	.6, 2006
<b>7</b> \		<ol> <li>Name and address of person who of Ana Rubio MD. Assistan</li> </ol>	ompleted cause of death t Medical Examine	. ,	Penn Stra	et Baltima	ore, MD 2120	1		
St	ate		32. Registrar's S		· ciii Gile	Ci, DailiiTi		-		
Regist	rar	31. Date filed (Month OCT 0 4 2)	106 Allalia	J B.	1234	Es .				

State of Maryland / Department of Health and Mental Hygiene 006 1 - State Registrar Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** 29, 2006 4c. County of Death /Medical 4a. Facility Name (If not institution, give street and number 4b. City. Town, or Location of Death Examiner Baltimore Washington Medical Center Anne Arundel Glen Burnie 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** 1**∑**M 2□F Months Days Hours Min. Yrs Director 219-30-7809 Usuaf Residence of Decedent the Maryland 10c. City, Town or Location 10a. State 10d. Inside City Limits 10b. County ehow. 1 Yes 2 No Directo r 28a-f Maryland Anne Arundel Pasadena 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? rthan "natural", or Iteme 23a or the Medical Examinar must be 7674 Water Oak Point Road 21122 USA death Completed by Funeral 12. Was Decedent Ever in U.S. Armed Forces? 1 □ Yes 2 □ No If Yes, Give Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian Black, White, etc. Pages 1 and 2 should be filed within 72 hours after 1 □ Never Married 2 □ Married Baltimore, Maryland 21215-0036 1 ☐ Yes 2 ☑ No Specify: Specify: White 3 XWidowed 4 □ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed, Elementary/Secondary (0-12) College (1-4or 5+) 10 Electrician BGE other t 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame, Be and Mental I Joseph Ν. Wagner Emma С. Metzger 0 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) item 27 other tra 7672 Water Oak Point Road, Pasadona, MD 21122
e of Disposition (Name of Date 20c. Location - City or Town, State James R. Wagner (son) 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a Method of Disposition Department of H Important: If ite any injury or ot once. 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) / 0ct₂₀₀₆ Meadowridge Cemetery Elkridge, Maryland ame and Address of Facility Stallings Funeral Home, P.A. 3111 Mountain Road, Pasadena, MD 21122 21. Signature of Funeral Service Lind 22. Name and Address of Facility 23a. Parti. Enter the disease, or complications that caused the centh. Do not enter the mode of dying, such as cardiac or respiratory arrest shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death fmmediate Cause (Finaf disease or condition resulting in death) **Physician** disease /Medical Due to (or as a consequence Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Examine The law requires that the death certificate be executed attending physicien and for use as the burial-transit Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical IF FEMALE: 23c. If yes, outcome of pregnancy 23d. Date of delivery 23b. Was decedent pregnant 1 Live birth 2 Fetaf death 3 Ectopic pregnancy in the past 12 months? 1 ☐ Yes 2 ☐ No Month Dav 4☐Pregnant at time of death 5 Other (specify) 9 Unknown signed b Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? ģ 3 □ Probably 4 □ Unknown 1 ☐ Yes 2 ☐ No Completed 24a. Was an autopsy performed 24b. Were autopsy findings available prior to compfetion of cause of death?

1 Yes 2 No certificete hes briegetes briegetes page 2 s 2 No 1 Yes 2 NO or Attending Physician: 25. Was case referred to medical Be 26. Place of Death (Check only one) examiner? Hospital: 1 | Inpatient Other: မှ 1 Tes 2 1 No 2 □ PR/Outpatient 3 □ DOA 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) siq1 After thi 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28d. Describe how injury occurred 27. Manner of Death 28b. Time of Certification: Injury 1 Natural 5 Pendina death. 1 □ Yes 2 □ No investigation 2 Accident Director: 3 Suicide 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) Pface of Injury - At home, farm, street, factory, office building, etc. (Specify) within 24 hours after of To the Funeral Direct completely filled in by 4 Homicide Hospital 29a. Certifier Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. Medical 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only To the I 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month; Dey, Year) 10 and address of person who con pleted cause of death (Item 23a) (Type, Print) Ramirez Jorge 31. Date filed (Month, Day, Year) 32. Registrar's Signature State Registrar

Please Type or Print in Black Indelible Ink. Ensure All Copies Are Legible.

APPLITMENT THE State of Maryland / Department of Health and Mental Hygien 2006

31476 Certificate of Death . Decedent's Name (First, Middle, Last) Date of Death Month 3. Time of Death **Physician** 1457 SHIRLEY 2006 WATKINS /Medical 4a. Facility Name (If not institution, give street and number) 4c. County of Death 4b. City, Town, or Location of Death Examiner SHOCK TRAUMA BALTIMONE CITE CENTER BALTIMORE If Under 1 Year If Under 24 Hrs. 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplace (State or Fireign Country) **Funeral** 1 □ M 2 1 F Days Months Hours Director Yrs 238-70-6664 62 June 14. 1944 Oxford Usual Residence of Decedent filed within 72 hours after death with the Maryland 10a, State 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "netural", or iteme 23s or 28s-f show the Medical Examiner must be notified at MD Prince George's 1 X Yes 2 No **Funeral Director** Forestville, Maryland 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 7420 Marlboro Pike 20747 United States 12. Was Decedent Ever in U.S. Armed Forces? Race - American Indian, Black, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status 1 ☐ Yes 2 XNo If Yes, Give Year or Dates: 1 Never Married 2 Married Baltimore, Maryland 21215-0036 1 ☐ Yes 2 ☒ No Specify Specify: Black þ 3 ☐ Widowed 4 ☑ Divorced Be Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 12th Teacher Education it of Health and Mental Hyg if item 27 is marked othe or other treumatic event, 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Pages 1 and 2 should be Layfette Hall Marie Kitrell 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Shirnita Thomas/Daughter 5803 Walker Mill Road, Capitol Heights, MD 20743 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) permit. Page Department of Important: If eny injury or once. Harmony Memorial Park 9/14/06 Landover, Maryland 21. Signature of Funeral Service Licensee 22. Name and Address of Facility 5538 MARLBORO PIKE M00981 POPE FUNERAL HOMES, PA. FORESTVILLE, MD.20747 fours 23a. Part1. Enter the disease, or complications that saused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) **Physician** SHOCK /Medical Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of) Examine burial-transit to the Hospital or Attending Physician: The law requires that the death certificate be executed Due to (or as a consequence of). Box 68760. Completed by Physician/Medical use as the IF FEMALE: 23c. If yes, outcome of pregnancy
1 Live birth 2 Fetal death 23d. Date of delivery 23b. Was decedent pregnant 3 DEctopic pregnancy be detached for in the past 12 months? Month Day Year 4☐Pregnant at time of death 5 Other (specify) of Vital Records, P.O. 9 Unknown 9 Unknown Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 ☐ Yes 2 ☐ No 24b. Were autopsy findings available prior to completion of cause of death?
1 ☐ Yes 2 ☑ No 24a. Was an autopsy 28 No 1 ☐ Yes 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) 1 ☐ Yes 2 No Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA Certification: To tuneral 27. Manner of Death 28b. Time of Injury 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28d. Describe how injury occurred Division Natural 5 Pending investigation efter death. 1 ☐ Yes 2 ☐ No 2 Accident the 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) filled in by 4 Homicide within 24 hours e To the Funeral C completely filled Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) 29a. Certifier Medical and manner stated 29b. Signature and tyle of contine 29c. License number 29d. Date signed (Month, Day, Year) 164 9/9/06 30. Name and address person who completed cause of death (Item 23a) (Type, Print) 5 22 SOUTH GREENE ST. ALOK GUPTA SHOCK TRAUM CENTER BALTIMORE MD 2120) 31. Date filed (Mo 32. Registrar's Signature State 4 2006 A Shirt Registrar

		-	For State Registrar			State of M	larylar	nd / Dep <i>Ce</i>	artmen rtificat	t of H	ealth a	and M		gien <b>e</b> Reg. No.	006	311	+77
	Physici	an	Decedent's Name	e (First, Middle	, Last)								2. Date of De Month	ath Day	Year	3. Time o	of Death
	/Medic	al	Rita A.										10	02	2006		AM M
	Examin	er	4a. Facility Name (II				r)				Location of		,		ounty of Deat		
	Euroval		Stella I 5. Social Security N		lOSD: 6. Sex		ige (In yrs.	last birthday	If Under	1 Year	Mar If Under	24 Hrs.	8. Date of Bir	h	Baltimo 9. Birt	hplace (State untry)	or Foreian
	Funeral Director		212-30-3	027		M 2 <b>X</b> F	72	Yrs.	Months	Days	Hours	Min.	(Month, Da 11/20,	v. Year)	Ma	arylano	i
	and	-	Usual Residence of 10a. State	Decedent 10b, County			10c. Ci	ity, Town or Le	ocation							10d. Inside (	City Limits
	within 72 hours after deeth with the Maryland ene. then "netural", or items 23e or 28e-f ehow the Modical Examiner must be notified at	ţō	MD	Balt	imoı:	ce	W	hite Ma	arsh								s 2 🕅 No
	h the or 28s	Director	10e. Street and Nur	mber					10f. Zip	Code				10g. Citize	on of What Co	untry?	
	23a c		10612 V	incent	Road	1/P.O. E	30x 20	06	2	1162				U.S	A.		
	tems	Funeral	11. Marital Status	17		2. Was Deceden Armed Forces	?	J.S. 13.	Was Deced If Yes, spec	dent of Hi cify Cuba	spanic Ori n, Mexican	gin? (Spe ı, Puerto f	cify Yes or No Rican, etc.)	- 14	Race - Ame Black, White		
36	rs afte	by F	1 ☐ Never Marri 3 ☐ Widowed	_	ed	1 ☐ Yes 2 ☑ If Yes, Give Year or Dates	<u>1</u> No :		1 🗆 Yes	2 <b>X</b> No	Specify:			s	pecify:		
5-0036	notural',	ted		15. Decedent		ation	•	16a. Dece	dent's Usua	al Occupa	ation			16b. Kind	WIT of Business/	ite Industry	
215	thin 7 e.	ple	(Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Speci	ify only highes ndary (0-12)	t grade	Completed) College (1-4or	r 5+)	life.	kind of wo DO NOT u	rk done d se retired	tu <i>ring m</i> osi ')	t of workii	ng	Abe	rdeen	Provin	g
2121	be filed within 72 hatal Hygiene. Id other then "netuevent, tre Medical	Completed	11					Buc	iget 1	Analy			· · · · · · · · · · · · · · · · · · ·		unds		
and	2 should be filed withir and Mental Hygiene. is marked other then sumatic event, tra Mi	Be	17. Father's Name										(First, Middle,		umame)		
ž	should ind Men ind marke umatic	ဥ	Robert 2					19h Maili	na Address	(Street a			Bower		Town State	in Code)	44.60
Maryland	od 2 s ith an 27 is		George (				nd)						Box 2				
Baltimore,	permit. Pages 1 end 2 should Department of Heelth and Men Important: if item 27 is marke eny injury or other traumatic once.		20a. Method of Disp	oosition		- ··· ·	20b.	Place of Dispo	sition (Nar	ne of			ate		ation - City or		1.10
m	Page nent c nnt: if ury or		1 XBurial 2 € 4 Donation			moval from State	θ	-	-			10/06	/2006	Balt	imore.	Marvl	and
alti	permit. Pages Department of Important: If it eny injury or o		21. Signature of Fu	neral Service	Licensee								. Lass				
_	40 F P 9		6.4	1.0	Jas	saln		111	1750 I	Belai	ir Ro	ad -	Kingsv	ille,		and 2	1087
	Physician /Medical Examiner		Immediate Cause ( disease or condition resulting in death)	rt failure. List ( Final n	only one	LUNG ( Due to (or a	line.	R		e or dying	y, such as	cardiac o	r respiratory a	rrest,		Approxima Interval Be Onset and	tween
8760,72	be executed icien and burial-transit	Examiner	Sequentially list confirm any, leading to im cause. Enter Unde Cause (Disease or that initiated events resulting in death) is	rlying injury	c.	Due to (or a											
876	icate be ex physicien s the buria	dical			d.												
P.O. Box 6	ne death certif the attending thed for use a:	by Physician/Med	IF FEMALE: 23b. Was decedent in the past 12 1 ☐ Yes 2 2 3 ☐ Unknown	months?	236	c. If yes, outcom  1 Live birth  4 Pregnant  9 Unknown	2 ☐ Feta	aldeath 3[	⊒Ectopic pr ⊒ Other (sc					23	d. Date of del	very Day	Year
	es that ti igned by be detac	y Ph	Part II. Other signif	icant conditio	ns conti	ibuting to death	but not res	sulting in the u	inderlying c	ause give	n in Part I.		23e. Did t	obacco use	ontribute to	the cause of	death?
rds	w requires been sign should be	ed b											1 🗆 '	Yes 2□	No 3□Pr	obably 4X	Unknown
Division of Vital Records,	Physician: The law re this certificate has be al director, page 2 sho	Completed											24a. Was autor perfo 1 🗀 Yes	rmed?	24b. Were au prior to death? 1 🗆 Yes	topsy findings completion of 2 \( \text{No} \)	available cause of
Vita	ilcian: Th certificate rector, pag	Be	25. Was case reference examiner?		Ho	spital:				Othe	200		(Check only o				
of	g Physical this neral di	n: To	1 Yes 2 X 27. Manner of Death	h	-	1 ☐ Inpat 28a. Date of In (Month, D		ER/Outpatien 28b. Time of Injury		28c. Injury Work	4 🗀 Nu		ne 5 ☐ Reside I			ity) HOS	PICE
sior	utanding I death. ctor: After y the funer	atlo	1 XNatural 2 ☐ Accident	5 Pending investig	ation	(10/01/07)	ay rour,	injury	М		Yes 2 □ I	No					
Divis	i Dir	Certification:	3 ☐ Suicide 4 ☐ Homicide	6 □ Could n determi	ined		etc. (Speci	ify)					8f. Location (S City or To	vn, State)			nber,
	To the Hospitel within 24 hours and the Funeral I completely filled	Medical	29a. Certifier (Check only one)	1X Certifyin 2  Medical E	g Physic Examine	cian: To the bes ir: On the basis and manner s	of examina	owledge, deat ation and/or in	h occurred vestigation	at the tim , in my or	ie, date an pinion, dea	d place, a th occurre	nd due to the ed at the time,	cause(s) a date and p	nd manner as lace, and due	stated. to the cause(	(s)
	within To th campl	Me	29b. Signature and	title of certifier		7			290	c. License	number			29d. Date	signed (Monti	n, Day, Year)	
			•			/				DI	177	21			10/2/	06	
	10		30. Name and address	ess of person v	who com	pleted cause of	death (Ite	т 23а) (Туре,	Print)			7					
	`		DR. TAR	IQ MAHM	100D	- 2300 I		EY VAL	LEY RI	D. :	LIMON	IUM,	MD 210	93			
	Sta Registr	ar	31. Date filed (Mon	OCT 04	200	6	Carro Sight	B A	Meeks)	9							

3:00 а.ш.

OCTOBER 2, 2006

RITA WILLIAMS

			1 - For State Registrar	State of Mar	yland / De	epartment of Certificate o	Health ar f Death	nd Mental Hyg	giene 0 0	6 31478
			1. Decedent's Name (First, Middle, Last	)				2. Date of Dea	ath	3. Time of Death
	Physici /Medic		Davis Omer Woo	de1						006 3:00 PM
7	Examin		4a. Facility Name (If not institution, give	street and number)		4b. City, Town	, or Location of	Death	4c. County of [	
			3209 Mt. Carme				perco	Hro o o o o		imore
п	Funeral		5. Social Security Number 6. Se 237–16–8492	x 7.Age ( ]M 2□F	In yrs. last birtho 84 Yrs	Months Day		Hrs. 8. Date of Birt Min. (Month, Day May 26	1922 No	Birthplace (State or Foreign Country)
	Director		Usual Residence of Decedent		04			May 20,	1922 100	orth Carolina
	yland		10a. State 10b. County	1	IOc. City, Town o	r Location				10d. Inside City Limits
	a-fst	ctor	Maryland Baltimo	re		Upperco				1 ☐ Yes 2 No
	라 타 6 28	Directo	10e. Street and Number			10f. Zip Code	)		10g. Citizen of Wha	t Country?
	ath w	rail	3209 Mt. Carmel Ro				21155		USA	
	er de	Funerai	11. Marital Status	12. Was Decedent Ev Armed Forces?	er in U.S.	<ol> <li>Was Decedent of If Yes, specify Ci</li> </ol>	f Hispanic Origir uban, Mexican, I	n? (Specify Yes or No- Puerto Rican, etc.)	14. Race - A Black, V	American Indian, White, etc.
36	rs aft	by F	1 Never Married 2 Married 3 Widowed 4 Tovorced	1 Xes 2 No If Yes, Give Year or Dates:	1943 1945	1 ☐ Yes 2 📆 📉	lo Specify:		Specify:	White
Ş	filed within 72 hours after death with the Maryland Hygiene. Kher then "natural", or tems 23a or 28a-f show wit, the Medical Examiner must be notified at	ted	15. Decedent's Edu	cation	16a. De	ecedent's Usual Occ	cupation		16b. Kind of Busin	ess/Industry
215	thin 7	Completed	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4or 5+)	- 'In	ive kind of work dor e. DO NOT use ret	ne auring most o ired)	or working	m 17 O	
21	ygien yerth t, the	Con	9		16	echnician			T.V. SI	nop
ב	m = 0 5	Be	17. Father's Name (First, Middle, Last)	F7   1 1				s Name ( <i>First, Middl</i> e,	· ·	
Maryland 21215-0036	2 should be filed within 72 hours after death with the Marylan and Mental Hygiene. Is marked other then "ratural", or liems 23a or 28a-1 show aumatic event, the Medical Examinat munities notified at	2	Charlie Martin  19a. Informant's Name/Relationship (7)		105.14	Inilian Address /Core		argaret Ell or Rural Route Numbe		An Tin Code l
<u>8</u>	d 2 sl th an th an traur		Margaret L. Russel					ad Upperco,	•	
ē,	tom 27 tem 27 tem 27 other tr	- 37	20a. Method of Disposition	i, badgiree	20b. Place of D	sposition (Name of		Date	20c. Location - City	
OE	Pages nent of I int: If It		1 ☐ Burial 2 ☐ Cremation 3 ☐ F 4 ☐ Donation 5 ☐ Other (Specify)			ciematory or other p Crematory		9/29/06	Baltimon	re, Maryland
altimore,	permit. Pages 1 and 2 should be Department of Health and Menta Important: If Item 27 is marked any injury or other traumatic evonce.		21. Signature of Funeral Service bigens			22. Name and Add	ress of Facility	of Marri		
m	9 9 1 6 8		Thomas Gregor	ð		299 Frede	erick Ro	ty Of Maryl oad Baltimo	ore, Mary	land 21228
			23a. Part1. Enter the disease, or comp shock, or heart failure. List only o	ne cause on each line.		enter the mode of d	lying, such as ca	ardiac or respiratory ar	rest,	Approximate Interval Between
	Physician		Immediate Cause (Final disease or condition	Sa	U Amo	is cell	Can	cenima	/ esegling	Onset and Death
	/Medical Examiner		resulting in death)	Due to (or as a	consequence of)			0	)	
		<u>_</u>	Securitial, list conditions if any, leading to immediate cause. Enter Underlying	b. Due to (or as a	consequence of)					
	Pari de	nin	Cause (Disease or injury	240 15 (21 23 2 1	3311334431133 31)					
<u> </u>	exection and ial-tra	Examiner	that initiated events resulting in death) Last	c. Due to (or as a	consequence of):					
8760,	The law requires that the death certificate be executed ste hes been signed by the attending physician and page 2 should be detached for use as the burial-transit	dicai		d						
89	certifica anding ph use as th	Med	IF FEMALE:							
Вох	eath certif attending for use as	an/I	23b. Was decedent pregnant in the past 12 months?	23c. If yes, outcome of 1 Live birth 2	Fetal death	3 ☐Ectopic pregnar			23d. Date of Month	f delivery Day Year
O	he de the a	Physician/Me	1 ☐ Yes 2 ☐ No 9 ☐ Unknown	4⊡Pregnant at tir 9⊡ Unknown	ne of death	5 ☐ Other (specify)				,
۳.	that the de led by the a detached i	Ph	Part II. Other significant conditions co	ntributing to death but	not resulting in th	e underlying cause	given in Part I.	23e. Did to	bacco use contribu	te to the cause of death?
ds	w requires that been signed I should be det	ā D	Coconom prt	ery dis	eose:	pery	heral	1 🗆 Y	'es 2 □ No 3 [	Probably 4 Unknown
<del></del> ပွဲ	s bee	jete	VAScular de	sesse	1	0 0		24a. Was	an 24b. Wer	e autopsy findings available to completion of cause of
Vital Records,	Physician: The lav r this certificete hes ral director, page 2 :	Completed by						autop perfor 1 ☐ Yes	med deat	r to completion of cause of th? Yes 2 ☐ No
ita	ian: rtifice ctor. p	BeC	25. Was case referred to medical examiner?				26. Place o	of Death (Check only on		163 22 140
<u>&gt;</u>	hysic his ce I dire	To	1 ☐ Yes 2 ☐ No	Hospital: 1 ☐ Inpatient	2 ER/Outpa	IIIBIII JUDON		ing Home 5 Resid	lence 6 Other (	Specify)
ח	ing Ph After th uneral		27. Manner of Death 1 ☑Natural 5 ☐ Pending	28a. Date of Injury (Month, Day )	/ear) 28b. Tim Inju	ry V			ow injury occurred	
Division of	ttend death stor: / the f	lcat	2 Accident investigation 3 Suicide 6 Could not be	20a Place of Injun	. At home, form		☐Yes 2☐No		Street and Number	or Rural Route Number,
<u>&gt;</u>	after Direct	Certification:	4 Homicide determined	28e. Place of Injury building, etc.	(Specify)	, street, factory, offic	26	City or Tow		r nural noble Number,
	To the Hospital or Attending Physician: which 24 hours after deals at the this certificator. After this certificator the Funeral Director. After this completely filled in by the funeral director.	edicai C	(Check only 2 Medical Exami	sician: To the best of iner: On the basis of e	my knowledge, d	eath occurred at the	time, date and	place, and due to the o	cause(s) and manne	er as stated.
	thin 2 thin 2 the I	Med	one) 29b. Signature and title of certifier	and manner state	d.		ense number		29d. Date signed (M	``
)	8 4 % 4		) Al Anth	- Al	Our C	Dr	1520	5	Septem	her 28 2006
	IXI		30. Name and address of person who co	ompleted cause of dea	th (Item 23a) (Ty	pe, Print)		4	0	1 h
Ţ	M.		31. Date filed (Month, Day, Year)	GBMC 32 Registrar	670	N.C	HARK	35 St.	1501to,1	1d 21304
	Sta Registr		OCT 0 4 200		July 1					

State of Maryland / Department of Health and Mental Hygiene 1 - For State Registrar Reg. NZ 006 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2 Date of Death Day **Physician** 9:25P M ELWOOD AUGUSTUS WASHINGTON OCTOBER 1 2006 /Medical 4a. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner HO4017AZ GOOD SAMARITAN BALTIMORE If Under 1 Year | If Under 24 Hrs. 8. 5. Social Security Number 7. Age (In yrs. last birthday) 6. Sex Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** Months Days Hours Min. 1**∑**M 2□ F 219-50-2313 Yrs. Director 58 12/20/1947 VIRGINIA Usual Residence of Decedent the Maryland 10c. City. Town or Location 10h County 10a State 10d. Inside City Limits 27 is marked other than "natural", or itams 23s or 28s-f show traumatic event, the Medical Examinal must be notilled at MD N/A BALTIMORE CITY XXYes 2 □ No Director 10g. Citizen of What Country? 10f. Zip Code 21212 10e. Street and Number WITH 5506 READY AVENUE death 1 Completed by Funeral permit. Pages 1 and 2 should be filed within 72 hours after dean Department of Health and Mental Hygiene. Important: If Itam 27 is marked other than "natural" or in-any injury or other traumatic average. 12. Was Decedent Ever in U.S. Armed Forces? 1 ☐ Yes 22 No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indian, Black, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 XNo Specify: Specify: BLACK 3 Widowed 4 □ Divorced 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) (Give kind of work done during most of working life. DO NOT use retired) A.S. TOURS TRANSPORTATION Elementary/Secondary (0-12) College (1-4or 5+) BUS DRIVER 12TH 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be MABLE L. DUNGEE GEORGE WASHINGTON, JR. 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1635 KINGSWAY RD, BALTIMORE, MD 21218 STEPHANIE L. YOUNG / DAUGHTER 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 10/04/06 CATONSVILLE, MD METRO CREMATORY 22. Name and Address of Facility HOWELL FUNERAL HOME 21207 4600 LIBERTY HEIGHTS AVE, BALTIMORE, MD ter the disease, or complications that caused the reath. Do not enter the mode of dying, such as cardiac or respiratory arrest, hear failure. List only one cause on each line Approximate Interval Between Onset and Death Immediate Cause (Final diseas) or condition SEPSIS Physician diseas or condition resulting in death) /Medical Due to (or as a consequence of) Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Examiner ned by the attending physician and detached for use as the bar law requires that the death certificate be executed Due to (or as a consequence of) Box 68760 Physician/Medical IF FEMALE 23c. If yes, outcome of pregnancy 1 ☐ Live birth 2 ☐ Fetal death 23d. Date of delivery 23b. Was decedent pregnant 3 Ectopic pregnancy in the past 12 months? Month Year 4 Pregnant at time of death 5 Other (specify) Division of Vital Records, P.O. 9 Unknown Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? þ 1 Yes 2 No 3 Probably 4 Unknown INSUFFICIENCY Completed FIBRILL 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Yes 2 No 1 ☐ Yes 2 ☐ No 1 Yes the Hospital or Attending Physician: Be 25. Was case referred to medical 26. Place of Death (Check only one, examiner? Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 No npatient Certification: To 2 ER/Outpatient 3 DOA this 28c. Injury at Work? 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28d. Describe how injury occurred 1 Natural 5 Pending after death. 1 Yes 2 No investigation 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide within 24 hours a To the Funeral D 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. Medicai 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only 29d. Date signed (Month, Day, Year) 29b. Signature and title of MEDICAL DOO 62239. OCTOBER 2 2006 ATTENDING 30. Name and address of rs oo completed cause of death (Item 23a) (Type, Print) MAN PAING CO, MD HOSPITAL GOOD SAMARITAN BALTIMORE 31. Date filed (Month, Day, Year) 32. Registrar's Signature State Registrar OCT 0 4 2006

State of Maryland / Department of Health and Mental Hygieng 06 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Day Month Year **Physician** WEISFELD ROSE SEPTEMBER 29, 2006 /Medical 11:05A 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death Examiner 4c. County of Death Saint Joseph Medical Center Towson Baltimore 7. Age (In yrs. last birthday)

Q2 Yrs.

| If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1 5. Social Security Number 6. Sex 9. Birthplace (State or Foreign Country) POLAND **Funeral** 1 □ M 2√ F 216-48-4847 Director Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits the Medical Examiner must be notified at Director 1 ☐ Yes 2 🔀 No BALTIMORE BALTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? ŏ 7925 YORK ROAD 21204 USA Funerai 12. Was Decedent Ever in U.S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status 14. Race - American Indian, Black, White, etc. Pages 1 and 2 should be filed within 72 hours after 1 Never Married 2 Married ō Baltimore, Maryland 21215-0036 1 ☐ Yes 2 No WHITE Specify: Completed by 3 Widowed 4 □ Divorced Specify: Year or Dates "nature!" 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) OWNER FOOD. marked other 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) ith and Mental F 27 is marked of traumatic ever Be FRYDMAN MENDEL TOBY (UNKNOWN) ပ 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) nt of Health a I: if item 27 to r or other tra 17436 CHEROKEE LANE - OLNEY, MD 20832 TOBY RABBIN / DAUGHTER 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 1 X Burial 2 ☐ Cremation 3 ☐ Removal from State Department o Important: If eny injury or once. MOSES MONTEFIORE CEM 10/1/2006 HALETHORPE, MD 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility SOL LEVINSON & BROS., INC. 21. Signature of Funeral Service License 8900 REISTERSTOWN ROAD - PIKESVILLE, MD 21208 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) **Physician** PULMONARY EDEMA /Medical Due to (or as a consequence of): Examiner CORONARY ARTERY DISEASE Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of) Physician/Medical Examine P The law requires that the death certificate be executed burial-transit and Due to (or as a consequence of): Box 68760. the IF FEMALE esn 23c. If yes, outcome of pregnancy 1 Live birth 2 ☐ Fetal death 23b. Was decedent pregnant in the past 12 months?

1 Yes 2 No 9 Unknown 23d. Date of delivery 3 Ectopic pregnancy ō Month Day Year 4☐Pregnant at time of death 5 Other (specify) ed by the a detached f Division of Vital Records, P.O. 9 Unknown signed to Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? <u>م</u> 1 ☐ Yes 2 ☐ No 3 Probably Be Completed 24a. Was an 24b. Were autopsy findings available prior to completion of cause of death? certificate has lirector, page 2 s 2 **X**No 1 ☐ Yes 1 Yes 2 Hospital or Attending Physicien: After this certific funeral director, 25. Was case referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 X No Certification: To 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death 1 Natural 2 Accident 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending efter death.

Director: Aff investigation 1 ☐ Yes 2 ☐ No 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) filled in by 4 Homicide within 24 hours of To the Funeral D completely filled is 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifie Medicai (Check only one) ş 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) rella Seftember 29", 2016 D41410 10 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) JOGINDER P MEHTA. 7601 OSLER DRIVE TOWSON, MARYLAND 21206 M. D. 32. Registrar's Signature 31. Date filed (Month, Day, Year) State Registrar 2006

			1 - For State Registrar		partment of Health and Mertificate of Death	ental Hygien	/ UU h	
	Physici		1. Decedent's Name (First, Middle, Last)	W	peiland	2. Date of Death Month D	ay Year 8 50	
	/Medio Examin		4a. Facility Name (If not institution, give street	and aumhael	Ah City Town or Location of Death	4	ic. County of Death 3014 rore Cit	9
	Funeral Director		5. Social Security Number 6. Sex 216-16-8570 1 X M 2	7. Age (In yrs. last birthda)	/) If Under 1 Year If Under 24 Hrs. Months Days Hours Min.	8. Date of Birth (Month, Day, Yea JULY 17, 1	9. Birthplace (State or F Country) MD.	oreign
	nyland how		Usual Residence of Decedent  10a. State 10b. County	10c. City, Town or I			10d. Inside City	
	he Ma	Director	MD. N/A	BALTI		100.0	1 Yes 2  Citizen of What Country?	
	3a or 3	i Dir	733 S. DECKER AVE.		10f. Zip Code 21224	_	J.S.A.	
920	d within 72 hours after death with the Maryland jene r than "natural", or Items 23a or 28a-f show the Medical Examiner must be mailfied at	by Funerai	1 Never Married 2 Married 1	as Decedent Ever in U.S. med Forces? ☑ Yes 2 □ No res, Give par or Dates: WW II	. Was Decedent of Hispanic Origin? (Spe If Yes, specify Cuban, Mexican, Puerto 1 ☐ Yes 2 ☑ No Specify:	ecify Yes or No- Rican, etc.)	14. Race - American Indian, Black, White, etc. Specify: WHITE	
21215-0036	n 72 n *na	Completed	15. Decedent's Education (Specify only highest grade com Elementary/Secondary (0-12) Co	pleted) (Giv	edent's Usual Occupation re kind of work done during most of working DO NOT use retired)  WELDER	ng	Kind of Business/Industry  THLEHEM STEEL	
Maryland 2	be file tal Hyg d otha avant.	To Be Co	17. Father's Name (First, Middle, Last) EMIL WEILAND		18. Mother's Name BARBARA	(First, Middle, Maide		
Aary	12 should and Men is marka raumatic.		19a. Informant's Name/Relationship (Type, Pr	·	lling Address (Street and Number or Rura			
	1 an 1eal 1eal 1mg		ELVIRA WEILAND/WIFE  20a. Method of Disposition	20b. Place of Dispersions	S. DECKER AVE., BAD		IARYLAND 21224  Location - City or Town, State	
Baltimore,	Page ment o ant: If ury or		1 ☐ Burial 2 ☐ Cremation 3 ☐ Remov 4 ☐ Donation 5 ☐ Other (Specify)	METRO CI	REMATORY 10/3		LTIMORE, MARYLAN	
Balt	permit. Pages Department of the Important: if its any injury or or once.		21. Signature of Funeral Service Licensee	EILER & SON, INC E, MARYLAND 21224				
	Physician		23a. Part1. Enter the disease, or completeation shock, or heart failure. List only one car Immediate Cause (Final disease or condition	is that caused the death. Do not e	nter the mode of dying, such as cardiac c	or respiratory arrest,	Approximate Interval Betwee Onset and Dea	
8760,	Medical Examiner  hysician and the purial-transit	licai Examiner	Sequentially list conditions if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events c.	Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):	Endowdib	S	Maxi	
O. Box 68	The law requires that the death certificate be executed tte has been signed by the attending physician and bage 2 should be detached for use as the burial-transit	Physician/Med	in the past 12 months?		☐ Ectopic pregnancy ☐ Other (specify)		23d. Date of delivery Month Day Yea	ar
ds, P.	luires that t n signed by Itd be deta	by	Part II. Other significant conditions contribut	ing to death but not resulting in the	underlying cause given in Part I.		o use contribute to the cause of dea	
Vital Records,	The law require tate has been signage 2 should t	Completed	Osternelitis les	Ft Foot	i.e ibn=+ Frilus	24a. Was an autopsy performed?		ailable se of
Vital	Physician: Th this certificate ral director, pag	Be	25. Was case referred to medical examiner?	9. 2.631	26. Place of Death	(Check only one)		
of	ing Phys	tion; To	27. Manner of Death 28. Natural 5 Pending	a. Date of Injury (Month, Day Year)  2 □ ER/Outpati 28b. Time Injury	of 28c. Injury at	me 5 Residence 28d. Describe how in	6 □Other (Specify) jury occurred	
Division	after death. Diractor: After	Certification:	a Could not be	e. Place of Injury - At home, farm, s building, etc. (Specify)	street, factory, office	28f. Location (Street City or Town, Sta	and Number or Rural Route Numbe ate)	r.
	Hospita 24 hours Funaral	edical C	(Check only 2 Medical Examiner: C		ath occurred at the time, date and place, investigation, in my opinion, death occurr			
0.	To the within To the comple	Me	29b. Signature and title of certifier		29c. License number		Date signed (Month, Day, Year)	_
	1		MIS D 19	>	D04383	2 001	1000 2,300	
	V		30. Name and address of person who complete	ed cause of death (Item 23a) (Typ	DO4383 9. Print) 5505 HOPK TSALTIMORE	13 1710	VIEW CIRCLI	_
	Sta Regist		31. Date filed (Month, Day, Year)	32 Registrar's Signature	aile		13.4	

#### Please Type or Print in Black Indelible Ink

Ricardo Alcaraz-Pi	Otato	of Maryland / Depar	rtment of Health ar		0000	
	1- For State Registrar		ificate of Death		Reg. No. 2006	3   48
Physician/ Medical Examine	Ricardo Alcaraz-	Pinon			mber 16, 2006	Time of Death 1500 hrs
	4a. Facility Name (if not institution, given Prince George's Hospital	Center	Cheverly	r Location of Death	4c. County of Death Prince George's	
Funeral Director	5. Social Security Number 6. Social Security Number 213-14-2200	7. Age (In yrs. last	st birthday) If Under 1 Ye.  Yrs Months Day	s Hours Min	of Birth(MM/DD/YYYY) 9. Birthpla Foreign Countr	ace (State or Mexico
w any	Usual Residence of Decedent  10a. State  10b. County	10c City, T	Town or Location		10	d. Inside City Limits
ith the Maryland 23a or 28a-f show notified at once.	Maryland Howard		lumbia 10f Zip Code		10g. Citizen of What Country?	Yes X X No
th the 23a or notific			21044		Mexico	·
er death with , or items 23, r. must be not	11. Marital Status  1 Never Married 2xx Married  3 Widowed 4 Divorced	12. Was Decedent Ever in U.S Armed Forces?  1 Yes 2x No If Yes, Give Year	If Yes, specify Cuba	spanic Origin? (Specify Yes on, Mexican, Puerto Rican, etc.on, specifMexican	) White, etc.	Indian, Black,
2 hours after "natural", c	15. Decedent's Education (Specify o	or Dates.	16a Decedent's Usual Occupa	ation (Give kind of work done	Specify: White 16b. Kind of Business/Indu	stry
e, MD 21215-0036  I and 2 should be filed within 72 hours after death with the Maryland Huesth and Mental Hygiene Friem 27 is marked other than "natural", or items 23a or 28a-f short transmatic event, the Medical Examiner must be notified at once To Be Completed by Funeral Director	Elementary/Secondary (0-12)	College (1-4 or 5+)	during most of working life  Construction		Worker	
215-0036 be filed within 7 natal Hygiene rked other than ent, the Medica Be Comple			***	18.Mother's Name (First, Mid		
2121 2121 Suld be fi Mental I marked c event,			19h Mailing Address (Stro	Maria Pinon-A	Alcaraz • Number, City or Town, State, Zip	Cada)
MD 2 shou alth and N 2 si sn 27 is n raumatic	Roberto Alcaraz-	Pinon/ Brother		out Lane, Colu	umbia, Maryland  20c. Location - City or Tow	21044
Baltimore, MD 21215-0036 permit Pages I and 2 should be filed within 72 Department of Health and Mental Hygiene Inimportant: If item 27 is marked other than "injury or other trannatic event, the Medical To Be Complet	1 X Burial 2 Cremation 3 4 Donation 5 Other Specify	Removal from State	teon Municipal	Sept. 2	Morelia, Mic Mexico	
Balti Permit Departi Import	21. Signature of Funeral Service Licer	nsee	22 Name and Addres	s of Facility Collins Fune:	ral Home Inc.	
Physician /Medical	23a. Part I. Enter the disease, or comp failure. List only one cause on ea					pproximate Interval Between Onset and
Examiner	Immediate Cause (Final disease a. or condition resulting in death)	Head and Neck Injuries  Due to (or as a consequence of)				Death
iner	Sequentially list conditions, if any, leading to immediate cause Enter Underlying Cause	Due to (or as a consequence of).				
executed an and al - transit		Due to (or as a consequence of)				
cial	UNPENDED	AMENDED				
Division of Vital Records, P.O. Box 68760, To the Rophital or Attending Physician: The law requires that the death certificate by within 24 hours after death  To the Function: After this certificate has been signed by the attending physic completely filled in by the funeral director, page 2 should be detached for use as the buredical Certification: To Be Completed by Physician/Mec	IF FEMALE: 23b. Was decedent pregnant in the past 12 months?	23c. If yes, outcome of pregnation 1 Live birth  Pregnant at time of deal	2 Fetal death 3	Ectopic pregnancy	23d Date of delivery Month Day	Year
that the death or ted by the attendeted for use	1 Yes 2 No 9 Unknown  Part II. Other significant conditions	9 Onknown		given in Part I 23e (	Did tobacco use contribute to the	rause of death?
rds, P.O. requires that the been signed by thould be detache letted by PPI	5	osimilaring to doday participate	saling in the disastrying educe	1	Yes 2 No 3 Probably	4 Unknown
Division of Vital Records, tall or attending Physician: The law requires after death. After this certificate has been seled in by the funeral director, page 2 should bertification: To Be Completed.						ry findings available bletion of cause of
Ital Rectivian: The certificate rector, page	25. Was case referred to medical		26.Plac	e of Death (Check only one)		
of Vita ing Physicia After this co inneral direc	1 ✓ Yes 2 No	Hospital: 1 Inpatient 2 🗸 E		Other Nursing Home 5		
ision of Attending Pher death ector: After the by the funeral by the funeral cation: T	1 Natural 5 Dending	FOUND: Sep 15, 2006	FOUND: 0900 hrs	Yes 2 No Fall from	ribe how injury occurred n height	
Division Spital or Attent rours after death neral Director: filled in by the Certificati	3 Suicide 6 Could not determine	De	ne, farm, street, factory, office n Site	or Tov	ion (Street and Number or Rural F wn, State) arlboro Pike, District Heigl	
Division To the Hospital or Attent within 24 hours after death To the Funeral Director: completely filled in by the Medical Certification		ian: To the best of my knowledge r:On the basis of examination and and manner stated			cause(s) and manner as started date and place, and due to the ca	use(s)
7	29b. Signature and title of certifier	Hacc	O.C.	se number M.E.	29d Date signed (Month, September 18, 2006	
	30. Name and address of person who Carol Allan, MD Assista		^{23a)} 111 Penn Street, Baltim	nore, MD 21201		
State	a 31. Date filed (Mosth, Pay, Year)	32 Registrar's Signature	Procede B		<del></del> -	

			For State Registrar	State of I	Maryland		artment rtificate			ınd M		gienę Reg. No.	11115	3	1484
	Physicia	an	1. Decedent's Name (First, Middle, Last								2. Date of Dea Month	Day	Year		Time of Death
	/Medic	al	Norman R. Anderse 4a. Facility Name (If not institution, give		er)		4b. City. T	own. or	Location o	f Death	Septem		18, 200 County of Dea		3:50 A ^M
	Examin	er	939 Marconi Avenu		,				polis			A	nne Ar	unde	1
	Funeral		5. Social Security Number 6. Se	x 7. 7M 2□F	Age (In yrs. la	st birthday) Yrs.	If Under Months	1 Year Days	If Under 2 Hours	24 Hrs. Min.	8. Date of Birth Month, Day 4/28/1	h K Xear)	9. Bir	thplace (	(State or Foreign
	Director		214-20-6851 19 Usual Residence of Decedent	Υ	79	115.					4/20/19	921	ria	II y 1 c	111U
	ryland thow		10a. State 10b. County		10c. City,	Town or Lo	ocation								nside City Limits
	he Ma 28a-1 s	ecto	Maryland Anne Ar	undel		A	nnapol					10a Citiz	en of What Co		□Yes 2 No
	with t	Funeral Director	939 Marconi Aven	116			10f. Zip (	214	01			rog. Citiz	USA	Junity?	
	death	nera	11. Marital Status	12. Was Decede	int Ever in U.S	S. 13.	Was Decede	ent of Hi	spanic Orig	gin? (Spe	cify Yes or No- Rican, etc.)	. 1	4. Race - Ame Black, Whi		dian,
36	s after	by Fu	1 Never Married 2 Married 3 Widowed 4 Divorced	1 TAYes 2	□No s: 1950-	i	1 ☐ Yes 2		Specify:		, , , , , ,			Whit	е
8	n 72 hours after death with the Maryland "natural", or items 23a or 28a-f show colcal Examirer must be mutilled at	ted t	15. Decedent's Edu	ıcation	1 7 7 7 1	16a. Dece	dent's Usual	Occupa	tion	and a second of		16b. Kin	d of Business	/Industry	,
215	C * 3	Completed	(Specify only highest grad	College (1-4	or 5+)		kind of work DO NOT use				rg				
121	be filed within tal Hyglene. Id other then evant, Inc. M		12th  17. Father's Name (First, Middle, Last)			Au	tomobi	ile			(First, Middle,		Automo	tive	
land		To Be	Andres Ander	sen							lie Ols		,		
Maryland 21215-0036	2 shou and N is mai		19a. Informant's Name/Relationship (T)								Route Numbe			Zip Code	9)
e, <b>N</b>	ss 1 and 3 of Health item 27 othar tr		Dolores M. Anderse	n/ wile	20b. Pla		osition (Nam		Ave.,		apolis,		21401 cation - City or	Town. S	State
nor	m 0		1 ☑ Burial 2 ☐ Cremation 3 ☐ 6  '4 ☐ Donation 5 ☐ Other (Specify)		te ce	metery, cre	matory or oth ans Ce	her plac					wnsvil		
Baltimore,	→ 문 <b>문</b> 중 .		21. Signature of Funery Savice Licens		1.13						rge P.				
ä	Deparimbo impo any ir		In vale	<del></del>							d Rd. E		ater,		1037
	Pnysician /Medical Examiner	Examiner	23a. Part1. Enter the disease, or comp shock, or heart failure. List only of firmediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause, (Disease or injury	a. Due to (or	as a conseque	acles ence of):	næar	36.			having	M	wary	Inter	val Between et and Death
Box 68760,	The law requires that the death certificate be executed ate has been signed by the attending physician and page 2 should be detached for use as the burial-transit	Physician/Medical Exa	that initiated events resulting in death) Last  IF FEMALE: 23b. Was decedent pregnant in the past 12 months?	d23c. If yes, outco	n 2 ∏ Fetalo	ncy death 3[	⊒Ectopic pre					2	3d. Date of de Month	livery Day	Year
o.	at the de by the a rached f	ysic	1 ☐ Yes 2 ☐ No 9 ☐ Unknown	4⊟ Pregnan 9⊟ Unknow	t at time of dea	atn 5L	Other (spe	спу)		-					
rds, P	n requires that been signed b should be deta	þ	Part II. Other significant conditions co	ntributing to deat	h but not resul	Iting in the u	inderlying ca	use give	en in Part I.			obacco us	se contribute to No 3□P	o the cau	use of death?
Il Records,		Completed											24b. Were a prior to death?	completi	ndings available ion of cause of No
Vital	Physician: this certific ral director,	Be	25. Was case referred to medical examiner?	Hospital:		7/0		Othe	ar:		(Check only o				
o	ing . After une	ation: To	1 Yes 2 No  27. Manner of 5 ath 1 Natural 5 Pending investigation	1 ☐ Inp 28a. Date of (Month,		ER/Outpatie 28b. Time o Injury		Bc. Injury Work	at at		ne Thesio 28d. Tescribe h		Other (Spe	ecify)	
Division	tai or Attend s after death ai Director: / ed in by the f	Certification:	3 Suicide 6 Could not be determined		Injury - At hon , etc. <i>(Specify)</i>		reet, factory,	office		2	28f. Location (S City or Tow		l Number or R	ural Rou	te Number,
	To the Hospital or a within 24 hours after To the Funeral Directions or completely filled in b	edical	29a. Certifier (Check only one) Certifying Physical Example (Check only one)	rsician: To the be iner: On the bas and manne	s of examination										cause(s)
ı	within To the Comp	Σ	29b. Signature and title of certifier	/	10				number	12		29d. Date	signed (Moni	th, Day,	Year)
1			30. Name and address of person who co		of death (Item	23a) (Tunc		100	59.	1/		1-	10-0	16	
	8+1		Kathleen Kemmer,	,				Ste.	300,	Ann	apolis,	Mar	yland	2140	1
	Sta Registr		31. Date filed (Month, Day, Year) SEP 1 9 2		istrar's Signatu		book	F							

		1 _ State		epartment of Health and Certificate of Death		
_		Registrar  1. Decedent's Name (First, Middle, Last)		Dertificate of Death	2. Date of Dear	3 4 5 5 5 5 5 5
Physic	ian		D = -1- Dt		Month	Day Year
/Med Exami		Maureen  4a. Facility Name (If not institution, give st.	Beck Burton	4b. City, Town, or Location of De	Septembe	er 18, 2006   2:11 A. " 4c. County of Death
Exami	ner	Casey House	<b>33.2</b> (3.1.2.1)	Rockville		Montgomery
Funeral	Т	5. Social Security Number 6. Sex	7. Age (In yrs. last birth	day) If Under 1 Year If Under 24 H		Birthplace (State or Foreign
Director		579-64-7724	M 21€ F 57 Yr	s. Months Days Hours M	in. (Month, Day) April 1	8,1949 New York
P .		Usual Residence of Decedent				
arylar show	_	10a. State 10b. County	10c. City, Town	or Location		10d, Inside City Limits 1 ☐ Yes 2X No
Ba-t	Director	Maryland   Montgomer	y Mont	gomery Village		
vith th	Dir	10e. Street and Number		10f. Zip Code	1	Og. Citizen of What Country?
s 23s	Funeral	18465 Bishopstone		20886	(Sanata Van os No	United States  14. Race - American Indian,
er de	nu.	11. Marital Status  1 Never Married 2 Married	Armed Forces?  1 □ Yes 2 ☒ No	<ol> <li>Was Decedent of Hispanic Origin?</li> <li>If Yes, specify Cuban, Mexican, Pu</li> </ol>	erto Rican, etc.)	Black, White, etc.
irs af	by	3 Widowed 4 Divorced	If Yes, Give Year or Dates:	1 ☐ Yes 2X No Specify:		Specify: White
2 hou	ed	15. Decedent's Educa	ation 16a. D	Decedent's Usual Occupation		16b. Kind of Business/Industry
Z nin 7.	pie	(Specify only highest grade Elementary/Secondary (0-12)	Completed) College (1-4or 5+)	Give kind of work done during most of vite. DO NOT use retired)	working	National Institute
d with	Completed	Cloridinary, oddoridary (o 12)		rary Technician		of Health
be filed within 72 hours after death with the Maryland Ital Hyglene. Id other then "naturel", or Items 23a or 28a-1 show event, the Madical Examinar must be notified.	Be (	17. Father's Name (First, Middle, Last)		18. Mother's N	lame (First, Middle, i	Maiden Sumame)
Ment Ment Ment Ment	10	Troy	Maness		Edna	O'Reilly
2 should and Men is marke		19a. Informant's Name/Relationship (Type		Mailing Address (Street and Number or	Rural Route Number	r, City or Town, State, Zip Code)
permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylan Department of Health and Mental Hygiene. Important: If item 27 is marked other then "naturel", or items 23a or 28a-f show my injury agother traumatic event, the Medical Examiner must be notified at once.		Bradley H. Burton/S		O Kalorama Rd., N. Disposition (Name of		n ton, D.C. 20009  20c. Location - City or Town, State
Pages 1	-	20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☐ Re	moval from State cemetery,	crematory or other place)		
rtant njurk		4 □ Donation 5 □ Other (Specify)  21 Signature of Funeral Service Licenses	A /-			Silver Spring, MD.
permit. Departr Imports eny inju		lating of Fullerac Service Licenses	1 lulla	22. Name and Address of Facility		
_		23a. Part1. Enter the disease, or complic	ations that caused the death. Do no			chersburg, MD. 20877  Pest. Approximate
Discortations		shock, or heart failure. List only one tmmediate Cause (Final			,	Interval Between Onset and Death
Physician /Medical		disease or condition resulting in death)	Metastatic Pancr			
Examiner			Data to for as a consequence of	,.		
	je.	Sequentially list conditions,  Jany, leading to immediate  b.	Due to (or as a consequence of	y.		
cuted nd ransit	Examiner	cause. Enter Underlying Cause (Disease or injury that initiated events				
be execticien an icien an burial-ti	EX	resulting in death) Last	Due to (or as a consequence of	):		
ate hys	dicai	d.				
death certific attending pl	Mec	IF FEMALE:			-	
ath co	lan/	23b. Was decedent pregnant in the past 12 months?	c. If yes, outcome of pregnancy  1 Live birth 2 Fetal death	3 Ectopic pregnancy		23d. Date of delivery  Month Day Year
the de	Physician/Me	1 ☐ Yes 2 ☒ No 9 ☐ Unknown	4 Pregnant at time of death 9 Unknown	5 Other (specify)		
w requires that the death cer been signed by the attendir should be deteched for use		Part II. Other significant conditions cont	ributing to death but not resulting in t	he underlying cause given in Part I.	23e. Did to	bacco use contribute to the cause of death?
requires een sign rould be	d by				1 TY	es 2.52 No 3. □ Probably 4. □Unknown
S be sed s	jete				24a. Was a	
The la	Completed			· · · · · · · · · · · · · · · · · · ·	- autops perfori 1 ☐ Yes	med? death?
an: Tiffica tor, p	0	25. Was case referred to medical		26. Place of I	Death (Check only or	
yslc is ce direc	To B	examiner?	spital: 1 Inpatient 2 ER/Outp	patient 3 DOA Other: 4 Nursing	g Home 5 Reside	ence 6 MOther (Specify) Hospice
Ter the result of the real		27. Manner of Death 1X Natural 5 ☐ Pending	28a. Date of Injury 28b. Tir (Month, Day Year) Inj	me of 28c. Injury at work?	28d. Describe ho	ow injury occurred
ending eath. or: Afte	Satio	2 Accident investigation		M 1 ☐ Yes 2 ☐ No		
or Att	Certification:	3 Suicide 6 Could not be determined	28e. Place of Injury - At home, farm building, etc. (Specify)	n, street, factory, office	28f. Location (Si City or Town	treet and Number or Rural Route Number, n, State)
urs a		20 Cartina (M. Cartifulas Physic	olani. T. da basadan kanadan	doods		
24 ho Fun stely	edical			death occurred at the time, date and pla or investigation, in my opinion, death or		late and place, and due to the cause(s)
To the Hospital or Attending Physician: The law within 24 hours after death.  To the Funerel Director: After this certificate has completely filled in by the funeral director, page 2	₩	29b. Signature and title of certifier		29c. License number	2	29d. Date signed (Month, Day, Year)
		* Cynthia m	Villiams Do	H00580.	32	September 18, 2006
P		30. Name a d address of person who con		ype, Print)		
	1	Cynthia M. Williams	, M.D., 6001 Mune	caster Mill Road,	Rockville	, Maryland 20855
S Regis	tate trar	31. Date filed (Month, Day, Year)	32. A gistrar's Signature	Sparke		

State of Maryland / Department of Health and Mental Hygiene 2005 31486 1 - For State Registrar Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death r 16,2006 **Physician** Dorothy W. Bergstein September 5:50P. /Medical 4a. Facility Name (If not institution, give street and number) 4c. County of Death 4b City Town or Location of Death Examiner Howard Bryant Woods Inn Columbia If Under 1 Year If Under 24 Hrs. 8. Date of Birth
Months Days Hours Min.
April 13,1922 5. Social Security Number 9. Birthplace (State or Foreign 7. Age (In yrs. last birthday) **Funeral** Months Days 1 □ M 2 💢 F Texas Yrs. 84 457-20-7041 Director Usual Residence of Decedent with the Maryland 10c. City, Town or Location 10d Inside City Limits 10a State 10b. County e filed within 72 hours after death with the Marylan at Hygiene other than "natural", or Iteme 23e or 28e-f show other than "natural", or Iteme 23e or 28e-f show vent, Ite Modical Examinat must be notified at Maryland 1 Yes 2 XNo Baltimore Reisterstown Directo 101. Zip Code 21136 10g. Citizen of What Country? United States 10e. Street and Number 201 Hammershire Road Funeral 12. Was Decedent Ever in U.S. Armed Forces? 1 ☐ Yes 2 ②No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian. Black, White, etc. 1 □ Never Married 2 □ Married White Baltimore, Maryland 21215-0036 1 Yes 2 No Specify 2 3 XWidowed 4 Divorced Completed 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry 15. Decedent's Education (Give kind of work done during most of working life. DO NOT use retired) (Specify only highest g. rade completed. Elementary/Secondary (0-12) College (1-4or 5+) Executive Secretary Construction company injury puother traumatic event, 18. Mother's Name (First, Middle, Maiden Surname) 17. Father's Name (First, Middle, Last) permit. Pages 1 and 2 should be file Department of Heelth and Mental Hy Important: If Item 27 is marked oth any hour per traumatic event once. Be Chaskin Winograd ဥ 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 201 Hammershire Road Reisterstown, Maryland 21136 Gale Berkowitz -daughter 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 20a. Method of Disposition 1 Burial 2 □ Cremation 3 □ Removal from State Mt. Lebanon Cemetery 9/18/2006 Adelphi, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee Donald V. Borgwardt Funeral Home, PA 4400 Powder Mill Road Beltsville, Ma mell Maryland20705 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) **Physician** hermers /Medical Due to (or as a consequence of): Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury Examiner inding physicien and use as the burial-translt The law requires that the death certificate be executed 25 caset that initiated events resulting in death) Last Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760 Physician/Medical signed by the attending I be detached for use as IF FEMALE 23c. If yes, outcome of pregnancy
1 ☐ Live birth 2 ☐ Fetal death 23d. Date of delivery 23b. Was decedent pregnant 3 ☐ Ectopic pregnancy in the past 12 months? 1 ☐ Yes 2 ☒ No 4 Pregnant at time of death 5 Other (specify) 9 Unknown 9 Unknown 23e. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Completed by 1 ☐ Yes 2X No 3 ☐ Probably 4 ☐ Unknown page 2 should peeu 24b. Were autopsy findings available prior to completion of cause of death?

1 ☐ Yes 2☐ No 24a. Was an has autopsy performed? certificate 2 💢 No To the Hospitel or Attending Physician: To the Funeral Director: After this certific completely filled in by the funeral director, To Be 25. Was case reterred to medical examiner? 26. Place of Death (Check only one) Other 4 Nursing Home 5 Residence 6 Other (985) 1sted Living 1 Yes 2 No 1 🗌 Inpatient 2 ER/Outpatient 3 DOA 28a. Date of Injury (Month, Day Year) 28d. Describe how injury occurred 27. Magner of Death 28b. Time of 28c, Injury at Work? Certification: 5 Pending after death. 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 4 \ Homicide within 24 hours a To the Funeral L Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as staled.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a, Certifier Medical 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) D53235 September 18, 2006 30. Name and address of person the completed cause of death (liem 23a) (Type, Print)
Darry I Anthony Hill, M.D. 13635 Baltimore Avenue Laurel, Maryland 20707 31. Date filed (Month, Day, Year) 32 Registrar's Signature State SEP 2 0 2006 Registrar

			1 - For State Registrar	State	of Marylar	-	artment			and M		giene,	2006	31	488
	Physici	an	1. Decedent's Name (First, Mide	die, Last)							2. Date of De Month	ath Day	Year	3. Time o	of Death
	/Medi	cal	Peggy Lorra:								Septemb		7, 2006	8:45	A M
	Examir	ner	4a. Facility Name (If not institution 103 Connaway	, ,	umber)				Location of	of Death			County of Death		
	Funeral		5. Social Security Number	6. Sex	7. Age (In yrs.	last birthday)	Hebro If Under	1 Year	If Under		8. Date of Bir	th		place (State	or Foreian
,	Director		216-48-7482	1□M 2\\\ F	59	Yrs.	Months	Days	Hours	Min.	(Month, Da May 20	y, Year) • 194	7 Mary	land	
-	land w		Usuel Residence of Decedent  10a, State 10b, Count		100 0	¥									
$\mathcal{L}$	Maryla -febov fied at	5		•	100. 01	ty, Town or Lo								10d. Inside 0 1√7] Yes	2 No
Z	the M	ecto	Maryland Wicor  10e. Street and Number	nico		Hebro	on. 10f. Zip	Codo				10a Citiza	en of What Cou		
3	death with the me 23a or 28e rmust be noti	Funeral Director	103 Connaway S	troot				2183	0				JSA	iiiy:	
0	death me 20	era	11. Marital Status	12. Was De	cedent Ever in U	.S. 13.				gin? (Spe	ocify Yes or No Rican, etc.)		4. Race - Ameri	can Indian,	·
9	or ite	큔	1 ☐ Never Married 2 🛣 Ma	Armed I Irried 1 ☐ Yes	Forces? 2 🔯 No					i, Puerto	Rican, etc.)		Black, White,	etc.	
93	72 hours after naturel', or ite ilcel Exemine	d by	3 ☐ Widowed 4 ☐ Divorce	od If Yes, C Year or	Dates:		1 ☐ Yes 2	MAL NO	Specify:				Specify: Wh:	ite	
215-0036	n 72 hours after death with the Marylan "naturel", or iteme 23a or 28e-f ehow scilcel Examinar must ha notified at	Completed	15. Decede (Specify only high	nt's Education est grade completed	1)	16a. Dece (Give	dent's Usua kind of wor DO NOT us	l Occupa k done d	tion uring most	t of worki	ng	_	d of Business/Ir	dustry	
121		E D	Elementary/Secondary (0-12)	College	(1-4or 5+)		tress					Garn			
d 21	filed withi Hygiene. other then	ပို	17. Father's Name (First, Middle	, Last)		Seams	CICOO		18. Mothe	r's Name	(First, Middle		ifacturi	ng_	
an	should be filed withir of Mental Hygiene. marked other then imatic event, the Mental the Mental control of the Mental control of the Mental control of the Mental control of the Mental control of the Mental control of the Mental control of the Mental control of the Mental control of the Mental control of the Mental control of the Mental control of the Mental control of the Mental control of the Mental control of the Mental control of the Mental control of the Mental control of the Mental control of the Mental control of the Mental control of the Mental control of the Mental control of the Mental control of the Mental control of the Mental control of the Mental control of the Mental control of the Mental control of the Mental control of the Mental control of the Mental control of the Mental control of the Mental control of the Mental control of the Mental control of the Mental control of the Mental control of the Mental control of the Mental control of the Mental control of the Mental control of the Mental control of the Mental control of the Mental control of the Mental control of the Mental control of the Mental control of the Mental control of the Mental control of the Mental control of the Mental control of the Mental control of the Mental control of the Mental control of the Mental control of the Mental control of the Mental control of the Mental control of the Mental control of the Mental control of the Mental control of the Mental control of the Mental control of the Mental control of the Mental control of the Mental control of the Mental control of the Mental control of the Mental control of the Mental control of the Mental control of the Mental control of the Mental control of the Mental control of the Mental control of the Mental control of the Mental control of the Mental control of the Mental control of the Mental control of the Mental control of the Mental control of the Mental control of the Mental control of the Mental control of the Mental control of the Mental control of the Mental control of the	To Be	Oscar Adkins						Edit	th Ma	ae Phip	pin			
Maryland	" = = 3	-	19a. Informant's Name/Relation	nship (Type, Print)		19b. Mailir	ng Address	(Street a					Town, State, Zi	Code)	
	1 and 2 Health a Health a ther tre		Albert William	Bozman/H	usband	P. O.	Box	206,	Hebi	ron,	Maryla	nd 21	.830		
ore	of He fiten		20a. Method of Disposition 1 XBurial 2 Cremation	3 Pomoval from		Place of Disponentery, crem			)	C	ate	20c. Loc	ation - City or T	own, State	
Ĕ	Pages ment of ant: If it ury or o		4 Donation 5 Other			inghill							on, Mar		
Baltimore,	permit. Pages 1 an Depertment of Heal Important: If item 2 any injury or other ance.		21. Signature of Funeral Service	e Licenske/	elle	Ze 12	2. Name and 11er 12 01	Addres Fune d Oc	s of Facilit ral H ean (	y Home City	P.O.Bo Road,	x 317 Salis	ibury, N	D 218	02
8760,	Physician and was expected by sician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and phy	Ical Examiner	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	a	O (or as a consequence of (or as a consequence of (or as a consequence of (or as a consequence of (or as a consequence of (or as a consequence of (or as a consequence of (or as a consequence of (or as a consequence of (or as a consequence of (or as a consequence of (or as a consequence of (or as a consequence of (or as a consequence of (or as a consequence of (or as a consequence of (or as a consequence of (or as a consequence of (or as a consequence of (or as a consequence of (or as a consequence of (or as a consequence of (or as a consequence of (or as a consequence of (or as a consequence of (or as a consequence of (or as a consequence of (or as a consequence of (or as a consequence of (or as a consequence of (or as a consequence of (or as a consequence of (or as a consequence of (or as a consequence of (or as a consequence of (or as a consequence of (or as a consequence of (or as a consequence of (or as a consequence of (or as a consequence of (or as a consequence of (or as a consequence of (or as a consequence of (or as a consequence of (or as a consequence of (or as a consequence of (or as a consequence of (or as a consequence of (or as a consequence of (or as a consequence of (or as a consequence of (or as a consequence of (or as a consequence of (or as a consequence of (or as a consequence of (or as a consequence of (or as a consequence of (or as a consequence of (or as a consequence of (or as a consequence of (or as a consequence of (or as a consequence of (or as a consequence of (or as a consequence of (or as a consequence of (or as a consequence of (or as a consequence of (or as a consequence of (or as a consequence of (or as a consequence of (or as a consequence of (or a consequence of (or a consequence of (or a consequence of (or a consequence of (or a consequence of (or a consequence of (or a consequence of (or a consequence of (or a consequence of (or a consequence of (or a consequence of (or a consequence of (or a consequence of (or a consequence of (or a consequence of (or a consequence of (or	uence of):  uence of):  uence of):	lie G	<del>4</del>	fai	Q1 len	deng L	1)1 81	rase	Onset and	Death
P.O. Box 68	law requires that the death certificate be executed as been signed by the attending physicien and 2 should be detached for use as the burial-transit	Physician/Med	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 ☐ Yes 2 ☑ No 9 ☐ Unknown	1 Live	utcome of pregna birth 2   Feta gnant at time of d nown	ıldeath 3□	Ectopic pre					23	3d. Date of deliv	ery Day	Year
Records, P.	w requires that been signed by should be deta	Completed by Ph	Part II. Other significant condit D7 cheres	tions contributing to	death but not res	ulting in the u	nderlying ca	iuse give	n in Part I.			obacco us	e contribute to t	he cause of bably 4	
သူ	ie law requ has been je 2 should	plet			1.0						24a. Was		24b. Were auto	psy findings	available
	The ate h pege	E									perfo	rmed2	death?	2□ No	cause or
ita	ysician: The l is certificate he director, pege	Be (	25. Was case referred to fieldic examiner?						26. Place	of Death	(Check only				
of Vital	Physician: this certificant	ဥ	1 ☐ Yes 2 € No			<b>ER/Outpatier</b>			4 🗆 190				□Other (Speci	ý)	
n C	After fune	lon	27. Mann of Death 1 Matural 5 ☐ Pend		e of Injury onth, Day Year)	28b. Time of Injury	M 28	3c. Injury Work			28d. Describe	how injury	occurred		
isi	Attending r death. ector: After by the fune	lcat	3 Suicide 6 □ Could		ce of Injury - At h	ome farm str			es 2 □ t		28f Location (	Street and	Number or Run	I Route Nur	Thor
Division	lor A after Direction by	Certification:	4 - Homicide deter	mined 200. Pla	ding, etc. (Special	y)	oot, ractory,	Onice			City or To	wn, State)	Number of Aut	ar noble ivur	noer,
	To the Hospital or Attending Ph within 24 hours after death. To the Funarel Director: After th completely filled in by the funeral	Medical C	29a. Certifier 1 Certify (Check only 2 Medica	ing Physician: To the and ma	ne best of my kno basis of examina inner stated.	owledge, death	n occurred a vestigation,	at the tim in my op	e, date and inion, deal	d place, a	and due to the ed at the time,	cause(s) a date and p	and manner as s place, and due t	tated. the cause(	s)
	To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To the To	₩ We	29b. Signature and title of certific	er				License					signed (Month,		
			· un	mo				DS	412	7			9/19/0	26	
			30. Name and address of person Alon DAV	is 100	Power	n 23a) (Type,		Sail	lishu	ury	m	0	2180 9	ı	
	Sta Regista	_	31. Date filed (Month, Da	2 0 2008	Registrar's Signa	ature	Sport	K		0			-		

	4	For State Registrar	State of		partment of Health ertificate of Deat			iene2 ()	06	31489	
Physicia		Decedent's Name (First, Middle					2. Date of Death Month	Day	Year	3. Time of Death	
/Medic	ai -	HELEN T. COC		(ber)	4b. City, Town, or Location		SEPTEMB	4c, County	2006 of Death	8:30AM M	
Examin	er	WILLIAM HILL N		20.,	EASTON			TALI			
Funeral Director		5. Social Security Number 214-30-8518		7. Age (In yrs. last birthda 92 Yrs.	Months Days Hour	s Min.	B. Date of Birth (Month, Day, JUNE 3,	Year) 1914	9. Birthplac Country VIRGI	ce (State or Foreign y) NIA	
pu »		Usual Residence of Decedent  10a. State 10b. County		10c. City, Town or	Location				100	d. Inside City Limits	
faryla shov	ă			,					100	1X Yes 2 No	
the h	rect	MD 10e. Street and Number	TALBOT	EAST	10f. Zip Code		10	ng. Citizen of W	Vhat Country	y?	
th with	ai Di	501 DUTCHMANS	S LANE		21601	L		បុន	SA		
r dear	Funeral Director	11. Marital Status	Armed For	dent Ever in U.S. 1: ces?	3. Was Decedent of Hispanic If Yes, specify Cuban, Mexic	Origin? (Specican, Puerto R	ify Yes or No- ican, etc.)		e - Americar k, White, et		
s afte	by Fu	1 ☐ Never Married 2 ☐ Married 3 🛣 Widowed 4 ☐ Divorced	If Yos Give	2 No	1 ☐ Yes 2 ☐ No Speci	eify:		Specify	WHIT	Æ	
id KIKI 5-0050 filed within 72 hours after death with the Maryland Hygiene. ther than "natural; or ttems 23a or 28a-f show ent, the M. dical Examinar must be notified.		15. Deceden	t's Education	16a, De	cedent's Usual Occupation			16b. Kind of Bu	siness/Indu	stry	
thin 7:	Completed	(Specify only higher Elementary/Secondary (0-12)	st grade completed)  College (1-	4or 5+)	ve kind of work done during m DO NOT use retired)						
led wij		10	0	NUI	RSES AIDE	- N		NURSING			
int. Pages 1 and 2 should be filed within 72 hours after death with the Maryla defined in and 4 should be filed within 72 hours after death with the Maryla defined of Health and Maralla Hygeine. Actants it flems 7 is marked other than "natural, or thems 23a or 28a-f show njury or other traumatic event, the Medical Exambles must be notified at a.g	To Be	17. Father's Name (First, Middle, ELIJAH PERDUE	Last)			RONIA	CHASE	naiden Sumam	···············		
2 sho		19a. Informant's Name/Relations			illing Address (Street and Nun					ode)	
Deficiency IV permit. Pages 1 and Deportment of Health Important: If item 27 any njury or other tr	1	LINDA M. ENGLE	DAUGHTER	20b. Place of Dis	32 POPLAR NECK position (Name of	, Da		20c. Location -		n, State	
Pages nent of I		1  Surial 2  Cremation  '4  Donation 5  Other (S		State cemetery, c	rematory`or other place) VN MEMORIAL PA	 					
Dallino  permit. Pages Department of Important: If if any njury or o	Н	21. Signature of Funeral Service			22. Name and Address of Fa	cility					
Departing Sany In		Joseph m.	Ostanshi		FELLOWS, HELFE 200 S. HARRISO					ME PA	
		23a. Part1. Enter the disease, or shock, or heart failure. List	complications that ca only one cause on ea	used the death. Do not a	enter the mode of dying, such	as cardiac or	respiratory arre	est,	tr	Approximate nterval Between	
Physician		Immediate Cause (Final disease or condition	_ a	Cardio	expersion 1	price	4			Onset and Death	
/Medical Examiner		resulting in death)	Due to (d	or as a consequence f):	M	· 1 06	2-1	1		11. (11)	
Star 13	Ē	Sequentially list conditions, if any, leading to immediate	b. Due to (c	or as a consequence of):	19 go carac	n week					
uted d ansit	Examine	cause. Enter Underlying Cause (Disease or injury that initiated events	A	y ser der	inive Card	woor	colen	Desease	e	10+/20	
O, exec an an rrial-tr	Еха	resulting in death) Last	Due to (d	or as a consequence of):							
of ou, cate be executed physician and the burial-transit	dicai		d								
cords, F.O. BOX 00/00, w requires that the death certificate be executed been signed by the attending physician and should be detached for use as the burial-transit	ō.	IF FEMALE:	23c If was out	come of pregnancy				224 Det			
atten for us	cian/M	23b. Was decedent pregnant in the past 12 months?	1 ☐ Live bi	rth 2 Fetal death	3 Ectopic pregnancy 5 Other (specify)			Mor	e of delivery nth D	yay Year	
the d	hysi	1 ☐ Yes 2 ☑ No 9 ☐ Unknown	9□ Unkno								
The law requires that the death. The law requires that the death. Ite has been signed by the atter sage 2 should be detached for u	by P	Part II. Other algnificant conditi	ons contributing to de	ath but not resulting in the	underlying cause given in Pa	art I.				cause of death?	
w requires been sign should be		Deny C	nongfu	cieny			1 ☐ Ye	s 2 No	3 Probab	oly 4 Onknown	
has by e 2 st	Completed	_ Plzylies	of Vase	when I sesse	al		24a. Was ar autopsy perform	v / p	Vere autops prior to comp death?	sy findings available pletion of cause of	
OI VIIAI ME Physician: The lav this certificate has ral director, page 2							1□ Yes 2	No 1	Yes 2	□ No	
VILAI sician: T certificat irector, pi	o Be	25. Was case referred to medica examiner?  1 ☐ Yes 2 ☐ NO	Hospital:	npatient 2 ER/Outpat			(Check only one e 5 ☐ Reside		or (Consitu)		
g Phy er this ieral d	$\vdash$	27. Manner - Peath	28a. Date o		of 28c. Injury at		3d. Describe ho				
SION (tending lasth.) tor: After the funer	atlo	1 Natural 5 Pendir 2 Accident investi	gation	, Day roary mijor	M 1 ☐ Yes 2	! □No					
or Attendez	ertification;	3 ☐ Suicide 6 ☐ Could 4 ☐ Homicide detern	nined 286, Place	of Injury · At home, farm, g, etc. (Specify)	street, factory, office	28	3f. Location (Str City or Town		er or Rural F	Route Number,	
pital of	0	On Cartifica 1 Telepartitui	na Chyainiana Ta tha	hant of my knowledge de	eath occurred at the time, date	and place or	ad due to the co				
To the Hospital or Attending Physician: The Hospital or Attending Physician: To the Funeral Director. After this certification in the funeral director, to the funeral director, to the funeral director, to the funeral director, to the funeral director, to the funeral director, to the funeral director, to the funeral director, to the funeral director, to the funeral director, to the funeral director, to the funeral director, to the funeral director, to the funeral director, to the funeral director, to the funeral director, to the funeral director, to the funeral director, to the funeral director, to the funeral director, to the funeral director, to the funeral director, the funeral director director, the funeral director director director directors.	edicai			sis of examination and/or	investigation, in my opinion, o						
To the within To the comple	Me	29b. Signature and title of certifie	ron	1/ 1 40	29c. License numbe	өг	29	od. Date signed	(Month, Da	ıy, Year)	
		W	lliam.	Howard &	MD DOS	2715		7/1	2/06		
3		30. Name and address of person									
(J)		WILLIAM H. WOOD  31. Date filed (Month, Day, Year,	D, JR., M.	D. 501 DUTCH	IMANS LANE, EA	ASTON,	MD 2160	01			
Sta Registr		SEP 13 2	006		and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th						

DHMH 17 Rev 1/2001

			1 - For State Registrar  1. Decedent's Name (First, Middle,	State of N	Marylar	nd / Depa <i>Cei</i>	artmen rtificat	t of H e of L	lealth a		ental Hyc	reg. No	200		1490
arear A	Physici /Medio Examir	cal	Sarah Colantuon  4a. Facility Name (If not institution, 214 Orchard Lap	ni give street and numbe	9r)		-		Location of	I Death	Month 9	Da 1		ar 06 11 eath	м
	Funeral Director				Age (In yrs.	last birthday) Yrs.	If Under Months	1 Year Days	If Under 2 Hours	Min.	8. Date of Birtl (Month, Day 7 2.		9.		State or Foreign
	h the Maryland r 28a-f ehow	ector	MD Worces	ster		ty, Town or Lo Ocean C	ity					10.0		tx.	side City Limits ☐ Yes 2 ☐ No
9	hours after death with the Maryland turel', or Items 23a or 28a-f show at Exercitivation to inclined at	Funeral Director	10e. Street and Number 321A 136th St.  11. Marital Status 1 Never Married 2 Marrie	12. Was Decede Armed Force 1 □Yes 2	s?	'		.842 dent of Hi offy Cuba	ispanic Orig n, Mexican, Specify:	jin? (Spec , Puerto F	cify Yes or No- lican, etc.)	USA	14. Race - A Black, W	merican Ind hite, etc.	dian,
ING 21215- be filed within 72 ttal Hygiene. d other than "na	Completed by	3 Widowed 4 □ Divorced  15. Decedent's (Specify only highest Elementary/Secondary (0-12)	Year or Date Education grade completed)	Year or Dates:  cation			al Occupa rk done d se retired		of workin	g		Specify White  D. Kind of Business/Industry			
	To Be Co	10 17. Father's Name (First, Middle, La Vincent Cusuman		usewi		Sar	ah Mu	(First, Middle,	Maiden						
Baltimore, Mar	permit. Pages 1 end 2 should Department of Health and Mer Important: If Item 27 Is marke any njury or other traumatic 900.0.	1 10	19a. Informant's Name/Relationship (Type, Print)   19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Z   321A 136th St., Ocean City MD 21842											orTown,S	tate • Y •
Ì	Physician /Medical		23a. Part1. Enter the disease, of o shock, or heat failure. List of Immediate Cause (Final disease or condition resulting in death)	a. End	line.	th. Do not ent	or the mod	LL1ar le of dyin	n St.,	, Ber	lin, M	D 2]	1811	Appr Inter Onse	oximate val Between et and Death
8/60,	te be executed ysician and burial-transit	dical Examiner	S uential, list conditions if any, leading to immediate cause. Enter Undertying Cause (Disease or injury that initiated events resulting in death) Last	b. Diabe  Due to (or so		nephro quence ot):	sclei	cosis	5					yes	te.
O. BOX 68	w requires that the death certifica been signed by the attending ph should be detached for use as th	Physician/Med	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1   Yes 2\lambda No 9   Unknown  23c. If yes, outcome of pregnancy 1   Live birth 2   Fetal death 3   Ectopic pregnancy 4   Pregnant at time of death 5   Other (specify)   9   Unknown										23d. Date of delivery Month Day Yea		Year
Hecords, P.	The law requires that the tee bas been signed by the bage 2 should be detache	þ	Part II. Other significant condition  COTONARY athe	rosclerosi		sulting in the u	nderlying o	ause give	en in Part I.		23e. Did to		use contribute		se of death?
Vital Rec	The lay ate has page 2	e Completed	diabetes mell	itus					26 Place	ol Death	24a. Was a autop perfor 1 Yes	sy med? 2∰No	prior	to completi	ndings available on of cause of
ö	ding Phys	ation; To B	examiner? 1 ☐ Yes 2 ☑ No  27. Manner ol Death 1 ☒ Natural 5 ☐ Pending 2 ☐ Accident investiga	Hospital: 1 Inpa  28a. Date of In (Month, In		ER/Outpatien 28b. Time of Injury		8c. Injury Work	er: 4 🗆 Nur	sing Hom	e 5 🗀 Resid	ence		pecify)fr:	iends
DIVISION	호류등	I Certification;	3 ☐ Suicide 6 ☐ Could no determin	ad 280. Place of	etc. (Speci	fy) 					81. Location (S City or Tow	n, State	9)		te Number,
	To the Hospitel within 24 hours of To the Funerel completely filled	Medical	(Check only one)  2 Medical Example 29b. Signature and title of certifier	kaminer: On the basis and manner	of examina	ation and/or in	vestigation	, in my op	number	h occurre	d at the time, o	date and	te signed (Me	due to the c	
5	75		30. Name and address of person w	1110 10 1	of death (Item	м 23a) (Туре,	Print) He	1/-  Kr	00C	674 a K	1.60	4	70-	06	
	Sta Registi		31. Date filed (Month, Day, Year)  SEP 2 (		strar's Sign		hodi		301	14	VIIIE,	1)	- '-(	113	

Michael Anthony Carberry

Please Type or Print in Black Indelible Ink
State of Maryland / Department of Health and Mental Hygiene

		Redistrar	ate of Death	Reg	g. No. 200	5 3149						
Physici Medical Exami		1. Decedent's Name (First, Middle, Last)  Michael Anthony Carberry		2. Date of Death Month September	Day Year 26, 2006	3. Time of Death 0925 hrs						
		4a. Facility Name (if not institution, give street and number) Suburban Hospital	4b. City, Town, or Location of I Bethesda		4c. County of Death	1						
Funeral		5. Social Security Number 6. Sex 7. Age (In yrs. last birt		24Hrs. 8 Date of Birth	(MM/DD/YYYY) 9 Bir	thplace (State or						
Director		213-88-4501 _{1xxM 2 F} 43	Yrs. Months Days Hours	May 23,	, 1963 Foreig	Washington DC						
any		Usual Residence of Decedent  10a. State 10b. County 10c. City, Town	or Location			10d. Inside City Limits						
<b>*</b> .	_	Maryland Anne Arundel	Crownsv	ille		1 Yes 2XXNo						
th the Maryland 23a or 28a-f show notified at once,	Director	10e. Street and Number	10f. Zip Code 21032	10	g Citizen of What Cour							
and 2 should be filed within 72 hours after death with the Maryland lealth and Mental Hygiene lealth and Mental Hygiene ten 27 is marked other than "natural", or items 23a or 28a-f she traumatic event, the Medical Examiner must be notified at once		1249 Generals Highway  11. Marital Status 12. Was Decedent Ever in U.S.	13. Was Decedent of Hispanic Origin	2 ( Specify Yes or No-	U.S.	can Indian, Black,						
death v or items must bo	Funeral	1 Never Married 2 Married Armed Forces? 1 Yes 2 X No	If Yes, specify Cuban, Mexican, P		White, etc.							
rs after ural", c	à	3 Widowed 4 Divorced If Yes, Give Year or Or Dates.  15. Decedent's Education (Specify only highest grade completed) 16a.	1 Yes 2 No specify: Decedent's Usual Occupation (Give kir	nd of work done	Specify: White ork done 16b. Kind of Business/Industry							
72 hou n "nat al Exa	leted	Elementary/Secondary (0-12) College (1-4 or 5+)	during most of working life. DO NOT us									
0036 within giene her tha	ompleted	12 17. Father's Name (First, Middle, Last)	Plumber	Namo (Eirst Middle M	Plumbing  (First Middle Madden Surgemen)							
ore, MD 21215-0036 ss I and 2 should be filed within 72 hou of Health and Mental Fygiene If item 27 is marked other than "nat her traumatic event, the Medical Exa	Be C	Jay E. Carberry	arol Ristai	(First, Middle, Maiden Surname)  1 Ristaino								
D 21 should ind Mey is man		1.0	b. Mailing Address (Street and Number									
nore, MD 2 ages 1 and 2 shou nt of Health and N t: If item 27 is n other traumatic		20a Method of Disposition 20b. Place of	420 Beach Drive Sof Disposition (Name of cemetery,	Date Date	20c Location - City or							
more Pages 1 nent of 1 ant: If or other		Burial 2 X Cremation 3 Removal non State	ory or other place) more Crematory	9/29/2006	Baltimore,	Maryland						
Baltimore, permit Pages 1 ar Department of Hec Important: If ite injury or other tr	1	21. Sign of Funeral Service Licensee 22. Name and Address of Facility John M. Taylor Funera.  147 Duke of Gloucester St., Annapolis										
Physician	-	23a. Part I. Enter the disease, or complications that caused the death. Do not				S, MD 21401 Approximate Interval Between Onset and						
/Medical Examiner		failure. List only one cause on each line.  Immediate Cause (Final disease a. Hypertensive atherosclerotic cardiovascular disease										
, i		or condition resulting in death)  Due to (or as a consequence of):										
	iner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause										
d sit	Examiner	(Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of):										
760, icate be executed physician and the burial - transit		d.    UNPENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED   AMENDED	F 07 NEL 000 /10/E/									
68760, certificate be iding physici	Medica	IF FEMALE: 23c. If yes, outcome of pregnancy	[,27,perME,g860,/10/5/	06 TT	23d. Date of delivery	′						
Box 687  ne death certifing the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per the attending per th	cian	23b. Was decedent pregnant in the past 12 months?    1   Live birth   2   Pregnant at time of death   2	Fetal death 3 Ectopic p  Other (Specify)	regnancy	Month D	Day Year						
Box ne death c the atten	Physician	1 Yes 2 No 9 Unknown 9 Unknown		1 00 Billion								
Sion of Vital Records, P.O. Box 68' Attending Physician: The law requires that the death certifi death ector: After this certificate has been signed by the attending by the funeral director, page 2 should be detached for use as	è	Part II. Other significant conditions contributing to death but not resultin Cocaine use	g in the underlying cause given in Part		pacco use contribute to 2 No 3 Prob							
ords, w requires s been si	letec			24a. Was al autops		topsy findings available completion of cause of						
of Vital Records, ng Physician: The law requir ther this certificate has been s meral director, page 2 should l	Completed			perform 1 <b>V</b> Yes 2	ned? death?							
ital Recician: The scertificate rector, page	Be	25. Was case referred to medical examiner?  Hospital 1 Inpatient 2 ✓ ER/O	26.Place of Death (Cutpatient 3 DOA Other		Desidence C Otto							
of Vir Ing Physia After this funeral dir	. To	27. Manner of Death 28a. Date of Injury 28b.	Time of Injury 28c. Injury at Work?		Residence 6 Other	: 						
sion ttendin death rtor: A y the fu	Certification:	Pending  Accident Investigation	1 Yes 2 N									
Division pital or Attendir ours after death teral Director: A	reet and Number or Ru ate)	ral Route Number, City										
in a pi		4 Homicide (Specify)  29a. Certifier (Check only)  Certifying Physician: To the best of my knowledge, de-										
To the Hos within 24 h To the Fur	Medical	one) 2 Medical Examiner:On the basis of examination and/or i and manner stated  29b. Signature and title of certifier	nvestigation, in my opinion, death occu	rred at the time, date a	nd place, and due to the 29d. Date signed (Mor							
	~	Cardo Hallo.	O.C.M.E.		September 28, 2							
		30. Name and address of person who completed cause of death (Item 23a)										
4	tate	Carol Allan, MD Assistant Medical Examiner 111  31 Date filed (Month, Day, Year) 32 Registrar's Signature	Penn Street, Baltimore, MD 2	21201								
Regis		SEP 2 9 2006	Speck									

Please Type or Print in Black Indelible Ink. Ensure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygien ? 1 - For State Registrar Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death 18, 2000 Month **Physician** 1eve /Medical 4a. Facility Name (If not institution, give street the Frank GHOME 4b. City, Town, or Location of Death 4c. County of Death Examiner If Under 24 Hrs. 8. REHABILITATION CTR 8. Date of Birth (Month, Day, Year) March23, 1922 6. Sex 1 AM 2 ☐ F 9. Birthplace (State or Foreign 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** Min Months Days Hours 84 224-28-1690 Director Virginia Usual Residence of Decedent the Maryland 10c. City, Town or Location 10a State 10b County 10d. Inside City Limits 28e-f show other traumatic event, the Medical Examiner, ust be notified at 1 ☐ Yes 2 ☐ No Director Maryland Montgomery Silver Spring 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? items 23e or 416 Hawkesbury Lane 20904 United States Completed by Funeral Pages 1 and 2 should be filled within 72 hours after death inent of Health and Mental Hygiene. 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian. 11. Marital Status 12. Was Decedent Ever in U.S. Armed Forces? Baltimore, Maryland 21215-0036
permit. Pages 1 and 2 should be filed within 72 hours after d
Department of Health and Mental Hygiene.
Importent: If item 27 ie marked other then "naturel", or iten
any injury or other treumetic event. It a Mulful Exa. uit at Black, White, etc. ti∭XYes 2 □ No If Yès, Give WWII Year or Dates: WWII 1 Never Married 2 Married 1 ☐ Yes 2 X No Specify: Specify White 3 Widowed 4 Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry College (1-4or 5+) Elementary/Secondary (0-12) Meat Cutter Safeway 18. Mother's Name (First, Middle, Maiden Surname) 17. Father's Name (First, Middle, Last) Be James Nelson Fox Elizabeth Eleanor Harlow 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) Bernice L. Fox -wife 416 Hawkesbury Lane Silver Spring, Maryland 20904 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition
1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State Date 20c. Location - City or Town, State Oakwood Cemetery 9/22/2006 Charlottesville, Virginia 4 ☐ Donation 5 ☐ Other (Specify) Donald V. Borgwardt Funeral Home, PA 21. Signature of Funeral Service License 4400 Powder Mill Road Beltsville, Maryland 20705 ona 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death 47HERDSCLEROTIC DISEASE FREBRO VASCULAR Immediate Cause (Final Pnysician disease or condition resulting in death) /Medical Due to (or as a consequence of) **Examiner** Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of) Examiner The law requires that the death certificate be executed use as the burial-transit Due to (or as a consequence of) Box 68760, Physician/Medical IF FEMALE 23c. If yes, outcome of pregnancy
1 ☐ Live birth 2 ☐ Fetal death 23d. Date of delivery 23b. Was decedent pregnant 3 □Ectopic pregnancy in the past 12 months? 1 ☐ Yes 2 ☐ No ğ Month Day Year 4☐Pregnant at time of death 5 Other (specify) P.O. the page 2 should be detached Š Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? Division of Vital Records, þ TRIAL FIBRILLATION DNIC 3 Probably 4. Unknown 1 ☐ Yes 2 ☐ No Completed MELLITUS BETES 24b. Were autopsy findings available prior to completion of cause of death?

1 ☐ Yes 2 ☐ No 24a Wasan autopsy performed2 2 II No 1 ☐ Yes Hospitel or Attending Physicien: the funeral director, Be 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 1 ☐ Yes 2 No Certification: To this 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 27. Maprier of Death 28d. Describe how injury occurred 5 Pending Injury Natural s after death, i Director: Af 1 TYes investigation 2 Accident 6 Could not be determined 3 🗀 Suicide Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) filled in by 4 - Homicide within 24 hours a To the Funerei D 29a. Certifier 1 🗹 Certifying Physicien: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. Medical completely 2 Medical Exeminer: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) (Check only one) and manner stated. the 29b. Signature/and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 9

15+1

DHMH 17 Rev 1/2001

State

Registrar

sicell

2 0

ASNEOM

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

2006

AKHANI

32 Aegistrar's Signature

7220

		State of Maryland / Department of Health and Mental Hygiene  1- State Registrar  Certificate of Death  Reg. No. 2005 3   491
Physic /Med		1. Decedent's Name (First, Middle, Last)  Muriel Gertrude FINEBERG  2. Date of Death Month Day Year September 16, 2006 3:00 P
Exam		4a. Facility Name (If not institution, give street and number)  4b. City, Town, or Location of Death  4c. County of Death  Montgomery
Funera Directo		5. Social Security Number 231-56-8373  6. Sex 1 I M 2 M F 74 Yrs.  7. Age (In yrs. last birthday) 74 Yrs.  6. Sex 74 Yrs.  7. Age (In yrs. last birthday) 74 Yrs.  7. Age (In yrs. last birthday) 15 Under 1 Year 16 Under 24 Hrs. 16 Under 24 Hrs. 17 Under 24 Hrs. 17 Under 24 Hrs. 18 Date of Birth (Month, Day, Year) 23, 1932  9. Birthplace (State or Foreign Country) 23, 1932  1. In M 2 M F 74 Yrs.  1. In M 2 M F 74 Yrs.  1. In M 2 M F 74 Yrs.  1. In M 2 M F 74 Yrs.  1. In M 2 M F 74 Yrs.  2. In Months Days Hours Min. 18 Days 19 Under 1 Year 16 Under 24 Hrs. 18 Days Min. 19 Under 1 Year 16 Under 24 Hrs. 19 Under 1 Year 16 Under 24 Hrs. 18 Date of Birth (Month, Day, Year) 23, 1932  1. In M 2 M F 74 Yrs.
n the Maryland r 28a-f ehow	rector	10a. State         10b. County         10c. City, Town or Location         10d. Inside City Limits           Maryland         Montgomery         Silver Spring         1 □ Yes 2 ☒ No           10e. Street and Number         10f. Zip Code         10g. Citizen of What Country?
fter death with r items 23a o	Funeral Director	3310 N. Lefsure World Blvd., #627  20906  England  11. Marital Status  1 Never Married 20 Married  12. Was Decedent Ever in U.S. Armed Forces?  1 Never Married 20 Married  1 Never Married 20 Married  1 Never Married 21 No
Baltimore, Maryland 21215-0036  Mill. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Depertment of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23s or 28s-1 show any injury or other traumatic event, the Medical Exercitive reast be notified at apides.	Completed by	3   Widowed 4   Divorced   If Yes, Give Year or Dates:   1   Yes \( \frac{1}{2} \) No \( Specify: \)   Specify: \( \frac{1}{2} \)   Specify: \( \frac{1}{2} \)   White   Specify: \( \frac{1}{2} \)   Specify: \( \frac{1}{2} \)   Specify: \( \frac{1}{2} \)   Specify: \( \frac{1}{2} \)   White   Specify: \( \frac{1}{2} \)   Specify: \( \frac{1}{2} \)   Specify: \( \frac{1}{2} \)   Specify: \( \frac{1}{2} \)   Specify: \( \frac{1}{2} \)   Specify: \( \frac{1}{2} \)   Specify: \( \frac{1}{2} \)   Specify: \( \frac{1}{2} \)   Specify: \( \frac{1}{2} \)   Specify: \( \frac{1}{2} \)   Specify: \( \frac{1}{2} \)   Specify: \( \frac{1}{2} \)   Specify: \( \frac{1}{2} \)   Specify: \( \frac{1}{2} \)   Specify: \( \frac{1}{2} \)   Specify: \( \frac{1}{2} \)   Specify: \( \frac{1}{2} \)   Specify: \( \frac{1}{2} \)   Specify: \( \frac{1}{2} \)   Specify: \( \frac{1}{2} \)   Specify: \( \frac{1}{2} \)   Specify: \( \frac{1}{2} \)   Specify: \( \frac{1}{2} \)   Specify: \( \frac{1}{2} \)   Specify: \( \frac{1}{2} \)   Specify: \( \frac{1}{2} \)   Specify: \( \frac{1}{2} \)   Specify: \( \frac{1}{2} \)   Specify: \( \frac{1}{2} \)   Specify: \( \frac{1}{2} \)   Specify: \( \frac{1}{2} \)   Specify: \( \frac{1}{2} \)   Specify: \( \frac{1}{2} \)   Specify: \( \frac{1}{2} \)   Specify: \( \frac{1}{2} \)   Specify: \( \frac{1}{2} \)   Specify: \( \frac{1}{2} \)   Specify: \( \frac{1}{2} \)   Specify: \( \frac{1}{2} \)   Specify: \( \frac{1}{2} \)   Specify: \( \frac{1}{2} \)   Specify: \( \frac{1}{2} \)   Specify: \( \frac{1}{2} \)   Specify: \( \frac{1}{2} \)   Specify: \( \frac{1}{2} \)   Specify: \( \frac{1}{2} \)   Specify: \( \frac{1}{2} \)   Specify: \( \frac{1}{2} \)   Specify: \( \frac{1}{2} \)   Specify: \( \frac{1}{2} \)   Specify: \( \frac{1}{2} \)   Specify: \( \frac{1}{2} \)   Specify: \( \frac{1}{2} \)   Specify: \( \frac{1}{2} \)   Specify: \( \frac{1}{2} \)   Specify: \( \frac{1}{2} \)   Specify: \( \frac{1}{2} \)   Specify: \( \frac{1}{2} \)   Specify: \( \frac{1}{2} \)   Specify: \( \frac{1}{2} \)   Specify: \( \
	Be	Elementary/Secondary (0-12) College (1-4or 5+) Homemaker Own Home  17. Father's Name (First, Middle, Last)  Mark Waxman  18. Mother's Name (First, Middle, Maiden Surname) Rose Shifrin
Maryland and 2 should be file ealth and Mental Hy m 27 is marked oth	7	19a. Informant's Name/Relationship (Type, Print)  George Fineberg, Husband  19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)  3310 N. Leisure World Blvd., #627, Silver Spring, M
Baltimore, I		20a. Method of Disposition  1 Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 3 Removal from State 4 Donation 5 Other (Specify)  21. Signature of runaria Sprince Dispose  22. Name and Address of Facility Torchinsky Hebrew Funeral  20c. Location - City or Town, State 01ney, MD
		Torchinsky Hebrew Funeral Home 254 Carroll St., NW, Washington, DC 20012  23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest.  Approximate
S8760, Crate be executed Examine physician and street be unial-transit.	Examiner	shock, or heart failure. List only one cause on each line.  Immediate Cause (Final disease or condition resulting in death)  a. Cardiac Arrest  Due to (or as a consequence of):  b. Hypertension  Last (Disease or injury that initiated events resulting in death) Last  Due to (or as a consequence of):  Due to (or as a consequence of):
± 0 €	by Physician/Medical	d.  IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1   Yes 2 No 9   Unknown
ds, P. ( luires that it signed by	d by Ph	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  Left Ventricular Diastolic Dysfunction  23e. Did tobacco use contribute to the cause of death?  1 Yes 2 No 3 Probably 4 Unknown
II Record The law requir sate has been si page 2 should I	Completed	Aortic Regurgitation  24a. Was an autopsy findings available prior to completion of cause of death?  1 \( \text{Yes} \) 2\( \text{No} \) 1 \( \text{Yes} \) 2\( \text{D} \) No
Vita yslcian s certifi director	To Be	25. Was case referred to medical examiner?  1  Yes 2 No
Division of Vital Records, P.O. Box to the Hospital or Attending Physician: The law requires that the deeth cerwithin 24 hours after death.  To the Funeral Director: After this certificate has been signed by the ettending compiletely filled in by the funeral director, page 2 should be detached for use	Certification; 7	27. Manner of Death 1 Natural 2 Accident 3 Suicide 4 Homicide  28a. Date of Injury (Month, Day Year)  28b. Time of Injury M 28b. Time of Injury M 28c. Injury at Work? 1 Yes 2 No  28d. Describe how injury occurred  28d. Describe how injury occurred  28d. Describe how injury occurred  28d. Describe how injury occurred  28d. Describe how injury occurred  28d. Describe how injury occurred  28d. Describe how injury occurred  28d. Describe how injury occurred  28d. Describe how injury occurred  28d. Describe how injury occurred  28d. Describe how injury occurred  28d. Describe how injury occurred  28d. Describe how injury occurred  28d. Describe how injury occurred  28d. Describe how injury occurred  28d. Describe how injury occurred  28d. Describe how injury occurred
Div To the Hospital or within 24 hours afte To the Funeral Dirk completely filled in h	Medical Cert	29a. Certifier (Check only one)  29a. Medicaf Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.  2 Medicaf Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.
To the To the Comple	Me	29b. Signature and title of certifier  Martha Kern MD  29c. License number  29d. Date signed (Month, Day, Year)  D44369 (Md)  09/18/2006
	tate	30. Name and address of person who completed cause of death (Item 23a) (Type, Print)  Martha E. Kern, M.D., 50 W. Edmonston Drive, Suite 403, Rockville, MD 20852  31. Date filed (Month, Day, Year)  SED 2006 32. Registrar's Signature

		1 - For State M. D., The Registrar  1. Decedent's Name (Fig. 1)						2. Date of Dea		3.	Time of Death			
hysici: Medic/		Wichola	5-1-190	yler-	Nicholas	R. Flagle	r	Month	19 To	Year 7:	SZAM			
Examin		4a. Facility Name (If not				4b. City, Town,	or Location of Death		4c. County	of Death				
		University	f morylan	d medic	al Center	Battimo	18		MA					
neral ector		5. Social Security Number 141-28-214 Usual Residence of December 141-28-214	<b>1</b> 1	X 2 F 7.	70 Yrs	Months Davs		8. Date of Birtl (Month, Day JUL 19	Year) , 1936	9. Birthplace Country) <b>PA</b>	(State or Fore			
MOI			b. County		10c. City, Town o	Location				10d. li	nside City Limi			
s or 28a-f show be notified at	Director	MD	TALBOT		OXFO	RD				1	XYes 2□N			
at be no	Dire	10e. Street and Number				10f. Zip Code			10g. Citizen of W					
TAME	erai	26982 HOI		OR CT.  12. Was Decede	ant Ever in 11 S	216.			USA No- 14. Race - American Indian,					
	by Funerai	1 Never Married 3 Widowed 4	2[XMarried	Armed Force 1 TYPes 2 If Yes, Give Year or Date	□No	If Yes, specify Cub	Hispanic Origin? (Specian, Mexican, Puerto Specify:	Picán, etc.)  Black, White, etc.  Specify: WHITE						
	Completed	15.	Decedent's Edu	ıcation	16a. De	ocedent's Usual Occu	pation during most of worki	16b. Kind of Business/Inc			y			
should be filed within ad Mental Hygiene. marked other than "imatic event, the Mex		Elementary/Secondar		College (1-4	or 5+)	e. DO NOT use retire PHYSICIAN	od)		OBSTETRICIAN AND GYNECOLOGIST					
		17. Father's Name (Firs	st, Middle, Last)	<u></u>		HIDIOIAN	18. Mother's Name							
	To Be	HAROLD B.	FLAGLER				ELIZA	BETH RU	STER					
other traumatic		19a. Informant's Name		t and Number or Rura		-		9)						
		DIANE M. FLAGLER/WIFE  26982 HOLLY HARBOR CT., OXFORD, MD 216  20a. Method of Disposition  20b. Place of Disposition (Name of Date Date Date Date Date Date Date Date									Ptoto			
ö		1 ☐ Burial 2 🛣 🗀	remation 3 □F		ate cemetery, c	crematory or other pla	(ce)							
y injury or ol ce.		4 Donation 5 Other (Specify)  CHESAPEAKE CREMATION CTR 9/25/2006 STEVENSVILLE, MD  21. Signature of Funeral Service Licensee												
Department Important:		21. digitation of various				FELLOWS,	HELFENBEIN RRISON ST.	& NEWN	AM FUNE	RAL HOM	Œ PA			
		23a. Part1. Enter the d	isease, or compl	MERCE ications that caus	sed the death. Do not						roximate			
ian		Immediate Cause (Fina	llure. List only or	ne cause on each	n line.					Ons	rval Between et and Death			
cal		disease or condition resulting in death)		a	as a consequence of):					5	weeks			
er					20 2 20.120 420.100 0.7.									
	3		ons,	Due to [or	as a consequence of):									
	e	Sequentially list condition if any leading to immediately cause. Enter Underlying	10											
	amine	Cause. Enter Underlyin Cause (Disease or injur that initiated events	ng 🚹 j	3.										
1011311	i Examiner	Cause. Enter Underlyin Cause (Disease or injur	ng 🚹 j	c. Due to (or	as a consequence of):									
	Icai	Cause. Enter Underlyin Cause (Disease or injur that initiated events	ng 🚹 j	Due to (or	as a consequence of):				-					
	Icai	cause. Enter Undertyin Cause (Disease or injur that initiated events resulting in death) Last		d										
	Icai	cause. Enter Undertyin Cause (Disease or injur that initiated events resulting in death) Last	egnant 2	dd. 3c. If yes, outcom	me of pregnancy n 2 □ Fetal death t at time of death	3 □Ectopic pregnanc 5 □ Other (specify) _	ıy		23d. Date Mon	e of delivery hth Day	Year			
	Physician/Medicai	cause. Enter Undertyin Cause (Disease or injur that initiated events resulting in death) Last  IF FEMALE: 23b. Was decedent pre in the past 12 mor 1 Yes 2 No	ognant 2	d l3c. If yes, outcor 1 □ Live birth 4 □ Pregnan 9 □ Unknowr	me of pregnancy  2 Fetal death t at time of death	5 Other (specify)		23e. Did to	Mon	nth Day				
	by Physician/Medicai	cause. Enter Underlyin Cause (Disease or injur that initiated events resulting in death) Last  IF FEMALE: 23b. Was decedent pre in the past 12 mor 1 Yes 2 No 9 Unknown	egnant this?	d.  3c. If yes, outcome the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control	me of pregnancy  2   Fetal death t at time of death n h but not resulting in th	5 Other (specify)			Mon	nth Day	use of death?			
	by Physician/Medicai	cause. Enter Underlyin Cause (Disease or injur that initiated events resulting in death) Last  IF FEMALE: 23b. Was decedent pre in the past 12 mor 1 Yes 2 No 9 Unknown  Part II. Other significan	egnant this?	d l3c. If yes, outcor 1 □ Live birth 4 □ Pregnan 9 □ Unknowr	me of pregnancy  2   Fetal death t at time of death n h but not resulting in th	5 Other (specify)		1 🗆 Y	bacco use contri	ibute to the cau	use of death?			
	by Physician/Medicai	cause. Enter Underlyin Cause (Disease or injur that initiated events resulting in death) Last  IF FEMALE: 23b. Was decedent pre in the past 12 mor 1 Yes 2 No 9 Unknown  Part II. Other significan	egnant this?	d.  3c. If yes, outcome the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control	me of pregnancy  2   Fetal death t at time of death n h but not resulting in th	5 Other (specify)		1 □ Yo 24a. Was a autops perion	bacco use contri	ibute to the cau  Probably  Vere autopsy firior to complet eath?	use of death?  4 □Unknow  Indings available of cause of			
	e Completed by Physician/Medical	cause. Enter Underlyin Cause (Disease or injur that initiated events resulting in death) Last  IF FEMALE: 23b. Was decedent pre in the past 12 mor 1 Yes 2 No 9 Unknown  Part II. Other significant	egnant 2 nt conditions con	d.  3c. If yes, outcome the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control	me of pregnancy  2   Fetal death t at time of death n h but not resulting in th	5 Other (specify)	ven in Part I.	1 Yes	bacco use contri	ibute to the cau	use of death?  4 □Unknow  Indings available of cause of			
	Be Completed by Physician/Medical	cause. Enter Underlyin Cause (Disease or injur that initiated events resulting in death) Last  IF FEMALE: 23b. Was decedent pre in the past 12 mor 1 Yes 2 No 9 Unknown  Part II. Other significan	agnant 2 at conditions con i	d.  3c. If yes, outcome the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control	me of pregnancy  2   Fetal death t at time of death  h but not resulting in th	5 Other (specify) _	ven in Part I.  26. Place of Death	1 Yes	bacco use contri	ibute to the cau  3 A Probably  Vere autopsy firior to complet eath?	use of death?  4 Unknow  Indings available ion of cause of			
	To Be Completed by Physician/Medical	cause. Enter Underlyin Cause (Disease or injur that initiated events resulting in death) Last  IF FEMALE: 23b. Was decedent pre in the past 12 mor 1 Yes 2 No 9 Unknown  Part II. Other significan  25. Was case referred to examiner? 1 Yes 2 No 27. Manner of Death	ognant 2 nt conditions con t C A	d	me of pregnancy  2   Fetal death t at time of death  h but not resulting in the	5 Other (specify) _ e underlying cause greaters are greaters as a DOA Other	ven in Part I.  26. Place of Death	1 Your 24a. Was a autops perform 1 Yes	bacco use contri	ibute to the cau  3 Probably  Vere autopsy firitor to complet eath?  Yes 2	use of death?  4 Unknow  Indings available ion of cause of			
	To Be Completed by Physician/Medical	cause. Enter Underlyin Cause (Disease or injur that initiated events resulting in death) Last  IF FEMALE: 23b. Was decedent pre in the past 12 mor 1 yes 2 No 9 Unknown  Part II. Other significan  25. Was case referred to examiner? 1 yes 2 No  27. Manner of Death 1 Naturat 5 2 Accident	agnant to medical Pending investigation	d	me of pregnancy  2   Fetal death t at time of death h but not resulting in the	tient 3 DOA Ott	ven in Part I.  26. Place of Death	1 Your 24a. Was a autops perform 1 Yes	Mon bacco use contri es 2 □ No in 24b. W esy med? 2 ☑ No 1 p. med? di 20 ☑ No 1	ibute to the cau  3 Probably  Vere autopsy firitor to complet eath?  Yes 2	use of death?  4 Unknow  Indings available ion of cause of			
ineral bilector, page z strodio de detached for use as ine du	To Be Completed by Physician/Medical	cause. Enter Underlyin Cause (Disease or injur that initiated events resulting in death) Last  IF FEMALE: 23b. Was decedent pre in the past 12 mor 1	agnant 2 agnant thiths?	d	me of pregnancy  2   Fetal death t at time of death  h but not resulting in the	tient 3 DOA Ott	26. Place of Death ther: 4 \sum \text{Nursing Hor} ry at rk?  Yes 2 \sum \text{No}	24a. Was a autops perform 1 yes  **Check only or me 5 Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Res	bacco use contri es 2 No in 24b. W py med? d: 2 No 1 es 0 Othe ow injury occurre	ibute to the cau  3 Probably  Vere autopsy firior to complete eath?  Yes 2 1  or (Specify)	use of death?  4  Unknow  ndings availablion of cause of			
	Certification: To Be Completed by Physician/Medical	Cause, Enter Underlyin Cause (Disease or injur that initiated events resulting in death) Last  IF FEMALE: 23b. Was decedent pre in the past 12 mor 1 yes 2 No 9 Unknown  Part II. Other significan  25. Was case referred texaminer? 1 yes 2 No  27. Manner of Death 1 Natural 5 2 No 27. Manner of Death 1 Natural 5 2 Accident 3 Suicide 6 4 Homicide	agnant 2 and conditions continued to medical Pending investigation Could not be determined  Certifying Physics	d.    3c. If yes, outcomed to the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregnance of the pregna	me of pregnancy  1 2 Fetal death  1 at time of death  1 h but not resulting in the  2 ZBb. Time  Day Year)  28b. Time  Injury  At home, farm, etc. (Specify)	e underlying cause gradular trient 3 DOA Ct. Street, factory, office	26. Place of Death her: 4 \sum \text{Nursing Hor} ry at rk?  Yes 2 \sum \text{No}	24a. Was a autops perform 1 Yes  **Check only or me 5 Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Res	bacco use contributions 2 No  24b. We provided the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second	ibute to the cau  A Probably  Vere autopsy firitor to complet eath?  Yes 2	use of death?  4  Unknow  Indings available  Ion of cause of  No			
	To Be Completed by Physician/Medical	cause. Enter Underlyin Cause (Disease or injur that initiated events resulting in death) Last  IF FEMALE: 23b. Was decedent pre in the past 12 mor 1 Yes 2 No 9 Unknown  Part II. Other significan  25. Was case referred texaminer? 1 Yes 2 No  27. Manner of Death 1 Natural 5 2 Accident 3 Suicide 6 4 Homicide	agnant 2 and conditions continued to medical Pending investigation Could not be determined  Certifying Physical Examination Could medical Examination Could medical Examination Could medical Examination Could medical Examination Could medical Examination Could medical Examination Could medical Examination Could medical Examination Could medical Examination Could medical Examination Could medical Examination Could medical Examination Could medical Examination Could medical Examination Could medical Examination Could medical Examination Could medical Examination Could medical Examination Could medical Examination Could medical Examination Could medical Examination Could medical Examination Could medical Examination Could medical Examination Could medical Examination Could medical Examination Could medical Examination Could medical Examination Could medical Examination Could medical Examination Could medical Examination Could medical Examination Could medical Examination Could medical Examination Could medical Examination Could medical Examination Could medical Examination Could medical Examination Could medical Examination Could medical Examination Could medical Examination Could medical Examination Could medical Examination Could medical Examination Could medical Examination Could medical Examination Could medical Examination Could medical Examination Could medical Examination Could medical Examination Could medical Examination Could medical Examination Could medical Examination Could medical Examination Could medical Examination Could medical Examination Could medical Examination Could medical Examination Could medical Examination Could medical Examination Could medical Examination Could medical Examination Could medical Examination Could medical Examination Could medical Examination Could medical Examination Could medical Examination Could medical Examination Could medical Examination Could medical Examination Could medical Examination Could medical Examination Could medical Examination Could medical Examinatio	d	me of pregnancy  1 2 Fetal death  1 at time of death  1 h but not resulting in the  2 ZBb. Time  Day Year)  28b. Time  Injury  At home, farm, etc. (Specify)	e underlying cause gradular and soft and street, factory, office cath occurred at the till investigation, in my cath occurred at the till investigation, in my cath occurred at the till investigation, in my cath occurred at the till investigation, in my cath occurred at the till investigation, in my cath occurred at the till investigation, in my cath occurred at the till investigation, in my cath occurred at the till investigation, in my cath occurred at the till investigation.	26. Place of Death ner: 4 Nursing Horry at rk?  I) Yes 2 No  me, date and place, appinion, death occurres a number	24a. Was a autops perform 1 Yes  a Check only or me 5 Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Res	Mon bacco use contri es 2 No  in 24b. W pred? d 2 1 No  1 1  in 0  in 0  conce 6 Othe cow injury occurre  treet and Number n, State)  ause(s) and mar ate and place, a	ibute to the cau  Approbably  Vere autopsy fi rior to complet eath?  Yes 2  or (Specify)  and  or or Rural Rou  one or Rural Rou  one as stated and due to the of	use of death?  4 Unknow  Indings available from of cause of the Number.  Ite Number.			
	edical Certification: To Be Completed by Physician/Medical	cause. Enter Underlyin Cause (Disease or injur that initiated events resulting in death) Last  IF FEMALE: 23b. Was decedent pre in the past 12 mor 1 yes 2 No 9 Unknown  Part II. Other significan  25. Was case referred the examiner? 1 yes 2 No  27. Manner of Death 1 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5	egnant 2 egnant to this?  It conditions continued to medical Pending investigation Could not be determined  Certifying Physical Examination of certifier	d.    3c. If yes, outcomed to the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the pr	me of pregnancy  1 2 Fetal death  1 at time of death  1 h but not resulting in the  2 ZBb. Time  Day Year)  28b. Time  Injury  At home, farm, etc. (Specify)	e underlying cause gradular and soft and street, factory, office cath occurred at the till investigation, in my cath occurred at the till investigation, in my cath occurred at the till investigation, in my cath occurred at the till investigation, in my cath occurred at the till investigation, in my cath occurred at the till investigation, in my cath occurred at the till investigation, in my cath occurred at the till investigation, in my cath occurred at the till investigation.	ven in Part I.  26. Place of Deathner: 4   Nursing Horry at rk?   Yes 2   No  me, date and place, appinion, death occurres a number	24a. Was a autops perform 1 Ves  **Check only or me 5 Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Res	bacco use contributes 2 No No No No No No No No No No No No No	ibute to the cau  3 Probably  Vere autopsy firitor to complete eath?  Or (Specify)  and  or or Rural Rou  nner as stated and due to the cau  (Month, Day,	use of death?  4 Unknow  Indings available on of cause of the Number,  Ite Number,  Ite Number,			
completely filled in by the funeral director, page 2 should be detached for use as the burial-transit	edical Certification: To Be Completed by Physician/Medical	cause. Enter Underlyin Cause (Disease or injur that initiated events resulting in death) Last  IF FEMALE: 23b. Was decedent pre in the past 12 mor 1 yes 2 No 9 Unknown  Part II. Other significan  25. Was case referred the examiner? 1 yes 2 No  27. Manner of Death 1 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5 Natural 5	ognant to the conditions continued to medical Pending investigation Could not be determined Certifier Management	d.    3c. If yes, outcomed to the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of the pregnant of	me of pregnancy  2 Fetal death t at time of death h but not resulting in the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the cont	e underlying cause grant and provided the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the st	26. Place of Death ner: 4 Nursing Horry at rk?  I) Yes 2 No  me, date and place, appinion, death occurres a number	24a. Was a autops perform 1 Ves  **Check only or me 5 Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Res	Mon bacco use contri es 2 No  in 24b. W pred? d 2 1 No  1 1  in 0  in 0  conce 6 Othe cow injury occurre  treet and Number n, State)  ause(s) and mar ate and place, a	ibute to the cau  3 Probably  Vere autopsy firitor to complete eath?  Or (Specify)  and  or or Rural Rou  nner as stated and due to the cau  (Month, Day,	use of death?  4 Unknow Indings available on of cause of the Number, Ite Number, Ite Number,			

			For State Registrar	State	of Marylar		artment rtificate				ental Hyg	iene 20(	06	3149	6		
	Division		1. Decedent's Name (First, Midd	de, Last)							2. Date of Deat Month		Year	3. Time of Death	h		
1	Physici /Medi		WILLIAM HART	ER FOSTER							SEPTEMBE	R 6 2	006	1625	М		
4	Examir	ner	4a. Facility Name (If not institution	1			4b. City, T	own, or	Location o	of Death		4c. County					
			THE MEMOR		PITAL			157	•				LBO				
o	Funeral Director		5. Social Security Number  220-48-4774  Usual Residence of Decedent	6. Sex 1 <b>X</b> M 2□ F	7. Age (In yrs. <b>56</b>	Yrs.	If Under 1 Months	Days	If Under: Hours	Min.	8. Date of Birth (Month, Day, MAR 13	Year)	Count	ace (State or Fore ry) YLAND	ign		
	land w		10a. State 10b. Count	у	10c. Cit	ty, Town or Lo	cation						10	d. Inside City Lim	nits		
	Marylan -f ehow	to	MD	TALBOT		CORDO	DVA							1   Yes 2   X	No		
	r 28a	Director	10e. Street and Number			COLD	10f. Zip (	Code	···		1	0g. Citizen of V	What Count	ry?			
	th wit	a D	11338 CHAPE	L ROAD	,				2162	5		USA					
9600	within 72 hours after death with the Maryland ene. than "naturel", or Iteme 23a or 28a-f ehow ha Mudical Examiner must be netitied at	by Funeral	11. Marital Status 1 □ Never Married 2 ☑ Ma 3 □ Widowed 4 □ Divorce	rried 1 ☐ Yes	2 Mo ive		Was Decede f Yes, specif 1 ☐ Yes 2			gin? (Spe i, Puerto f	city Yes or No- Rican, etc.)	ify Yes or No- can, etc.)  14. Race - American India Black, White, etc.  Specify: WHITE					
21215-0036	ithin 72 h ne. nen "netu	Completed	(Specify only higher Elementary/Secondary (0-12)	nt's Education est grade completed) College (	1-4or 5+)	(Give	scedent's Usual Occupation ive kind of work done during most of working e. DO NOT use retired)							ustry			
	led w lygier her th		12	1 1		FAF	RMER					TURF ]		NG			
Maryland	ges 1 and 2 should be filed within to Health and Mental Hygiene. If item 27 is marked other than " or other traumatic event, the M.	To Be		7. Father's Name (First, Middle, Last)  SAMUEL D. FOSTER, JR.							(First, Middle, M		re)				
	atth and atth and 27 is m		19a. Informant's Name/Relation  JOYCE FOSTER								ROUTE Number						
Baltimore,	Pages 1 and of He		20a. Method of Disposition 1 ☐ Burial 2 ▼ Cremation 4 ☐ Donation 5 ☐ Other (		State	Place of Dispo cemetery, crer	sition (Name natory or oth	e of er place	)	D		20c. Location -	City or Tov	vn, State			
Baltii	permit. Pages 1 and 2 Department of Health a Important: If Item 27 is eny injury or other trau		21. Signature of Funéral Service			. 22 F	Name and	Address S, H	of Facility	NBEIN	N & NEWN	AM FUNI	ERAL I				
			23a. Part1. Enter the disease, c shock, or heart failure. Lis	MD 216		Interval Between											
,8760,	Physician /Medical Examiner physician and physician and physician and the privat-transit	dical Examiner	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	Due to	(or as a conseq (or as a conseq (or as a conseq	uence of):	د د	Cic	Jes	· 6	), se	19-e					
O. Box 6	ne death certific the attending p hed for use as	Physician/Med	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 □ Yes 2 □ No 9 □ Unknown	1 ☐ Live t	tcome of pregna birth 2  Feta nant at time of down	t déath 3 □	Ectopic pred					23d. Date Mor	e of deliver				
Ω.	signed by d be detac		Part II. Other significant conditi	ions contributing to d	eath but not res	ulting in the ur	nderlying cau	ıse giver	n in Part I.					21625  y or Town, State  SVILLE, MD  CAL HOME PA  1  Approximate Interval Between Onset and Death  f delivery Day Year  te to the cause of death? Probably 4 Moknown  e autopsy findings available rto completion of cause of th? Yes 2 \( \) No			
of Vital Records,	The law require sete has been sin page 2 should to	Completed by	Renal	Ins	0661	در و ر	neg				24a. Was ar autopsy perform	ped? d	rior to com	sy findings availab pletion of cause o	ote		
ital		0	25. Was case referred to medical	at	-				26. Place	of Death			Lifes 2	I NO			
ion of V	ding Phys I. After this funeral di	ation: To B	Hospital: 1 datient 2 ER/Outpatient 3 DOA Other.  27. Manner of Death 28a. Date of Injury (Month, Day Year) Injury Work?  28c. Injury at Work?		4 Linuising nome 5 Linesidence 6 Liother (Specify)												
Division	To the Hospital or Attand within 24 hours after death To the Funeral Director: completely filled in by the	Certification:	3 ☐ Suicide 6 ☐ Could 4 ☐ Homicide detern	nined 286. Place	of Injury - At ho ing, etc. (Specify	ome, farm, stro	et, factory,	office		2	8f. Location (Str City or Town	eet and Numbe State)	er or Rural	Route Number,			
	To the Hospital or within 24 hours afte To the Funeral Direction completely filled in the Funeral Direction of the Funeral Direction of the Funeral Direction of the Funeral Direction of the Funeral Direction of the Funeral Direction of the Funeral Direction of the Funeral Direction of the Funeral Direction of the Funeral Direction of the Funeral Direction of the Funeral Direction of the Funeral Direction of the Funeral Direction of the Funeral Direction of the Funeral Direction of the Funeral Direction of the Funeral Direction of the Funeral Direction of the Funeral Direction of the Funeral Direction of the Funeral Direction of the Funeral Direction of the Funeral Direction of the Funeral Direction of the Funeral Direction of the Funeral Direction of the Funeral Direction of the Funeral Direction of the Funeral Direction of the Funeral Direction of the Funeral Direction of the Funeral Direction of the Funeral Direction of the Funeral Direction of the Funeral Direction of the Funeral Direction of the Funeral Direction of the Funeral Direction of the Funeral Direction of the Funeral Direction of the Funeral Direction of the Funeral Direction of the Funeral Direction of the Funeral Direction of the Funeral Direction of the Funeral Direction of the Funeral Direction of the Funeral Direction of the Funeral Direction of the Funeral Direction of the Funeral Direction of the Funeral Direction of the Funeral Direction of the Funeral Direction of the Funeral Direction of the Funeral Direction of the Funeral Direction of the Funeral Direction of the Funeral Direction of the Funeral Direction of the Funeral Direction of the Funeral Direction of the Funeral Direction of the Funeral Direction of the Funeral Direction of the Funeral Direction of the Funeral Direction of the Funeral Direction of the Funeral Direction of the Funeral Direction of the Funeral Direction of the Funeral Direction of the Funeral Direction of the Funeral Direction of the Funeral Direction of the Funeral Direction of the Funeral Direction of the Funera	edicai (	29a. Certifier 1 Cartifyi (Check only one) 1 Cartifyi 2 Medical	ng Physician: To the Examinar: On the b and man	best of my kno asis of examina ner stated.	wledge, death tion and/or inv	occurred at restigation, in	the time	, date and nion, deat	d place, a	nd due to the ca d at the time, da	use(s) and mai te and place, a	nner as sta and due to t	ted. he cause(s)			
4	To the To the Comp	W	29b. Signature and title of certific	er \	0		29c. l	License	number		29	d. Date signed	(Month, D	ay, Year)			
			Denn	- lde -	Lle	had	0	00 9	731	10	5	eptem	bein	6 70	06		
-	7-		30. Name and address of person Dr. Donis De Sh	who completed caus	se of death (Item	23a) (Type, 1			East			1601	, DCV		- 4		
	Sta Registr		31. Date filed (Month, Day, Year SEP 0 7		legistrar's Signa	ture	130										

			1 - For State Registrar		laryland / D	epartmer Certificat			nd M		giene Rag. N	006	31497		
	Physici	an	Decedent's Name (First, Middle,	Last)						2. Date of De Month	ath Day	Year	3. Time of Death		
The same	/Medi	cal	Mary N. Farr							9	15	2006			
	Examir	ier	4a. Fecility Name (If not institution, Atlantic General		,			Location of	Death			County of Dea			
	Funeral	4			ge (In yrs. last birti		rlin r1Year	ff Under 2	4 Hrs.	8. Date of Birt		orceste	erthplace (State or Foreign		
	Director		577-01-7663	1 ☐ M 2 🔯 F		rs. Months	Days	Hours	Min.	(Month, Da	y, Year)	C	ountry) of Col.		
	p _c		Usual Residence of Decedent		10. 0										
	ehow	ä	10a. State 10b. County		10c. City, Town	or Location							10d. Inside City Limits		
	the M	ecto	MD Worces  10e. Street and Number	ter	0cean		0-4-				10 000	41111	M☐Yes 2☐No		
	death with the Maryland oms 23a or 28a-f ehow if must be notified at	늅	14012 Fiesta Rd			10f. Zip						en of What C	ountry?		
	death	era	11. Marital Status	12. Was Decedent	Ever in U.S.		.842 dent of His	panic Origi	in? (Spe	cify Yes or No	- US	A. Race - Ame	encan Indian		
9	after or ite	교	1 Never Married 2 Marrie	Armed Forces'd 1 ☐ Yes 200		13. Was Dece			Puèrto F	Rican, etc.)		Black, Whi			
03	72 hours after natural', or ite	d b	3X Widowed 4 □ Divorced	If Yes, Give Year or Dates:		1 ☐ Yes	<u>Ş</u> Σ Nο	Specify:				Specity: Wh	ite		
5-	72 h natu	Completed by Funeral Director	15. Decedent's (Specify only highest	Education grade completed)		Decedent's Usua (Give kind of wo	rk done du	tion uring most	of workir	ng	16b. Kir	d of Business	/Industry		
12	within ene. then	d L	Elementary/Secondary (0-12)	College (1-4or	5+1	ille. DO NOTu inistra		Acci	etan	+	He	alth D	epartment		
d 2	filed Hygie ther ont,	ပိ	17. Father's Name (First, Middle, L.	ıst)		THEBUIG				(First, Middle,					
an	d be ental ked o	To Be	James B. Noone							B. Kell		ourname,			
Maryland 21215-0036	s 1 and 2 should be filed within 72 hours after death with the Maryla if Health and Mental Hygiene. Item 27 ie marked other than "natural", or items 23a or 28a-f ehov other traumatic event, the Medical Examinar must be notified at	-	19a. Informant's Name/Relationshi	o (Type, Print)	19b.	Mailing Address	(Street ar					Town, State,	Zip Code)		
	and 2 alth a 127 le		Michael Farr (	son)		1643 Et									
ore	of He of He roth		20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3	Domesti from State	20b. Place of cemetery	Disposition (Nar	ne of other place	)	D	ate	20c. Loc	ation - City or	Town, State		
Ë	Pag ment ant: h		4 □Donation 5 □Other (Spe		St. M	arys Ne				/2006	LaP	lata,	MD		
Baltimore,	permit. Pages 1 and 2 should be filed within Depertment of Health and Mental Hygiene. Important: If item 27 ie marked other than eny injury or other traumatic event, the Me Quee.		21. Signature of Funeral Service Li	censee Ray	Lette	22. Name an	nd Address 11ian	of Facility	The Be:	Burbag rlin, M	e Fu	neral :	Home		
			27a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  Approximate Interval Between												
	Physician		Immediate Cause (Final disease or condition	_ a Abdomin	ol Doin								Onset and Death		
	/Medical Examiner		resulting in death)		a consequence of	i):									
н	ZXdiffilio	_	Sequentially list conditions,	b. Atheros	clerotic	Cardio	vascu	ılar d	lisea	ase					
	ted nsit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury			1.									
Ć,	execun nand ial-tra	Exal	that initiated events resulting in death) Last	c. Hyperte Due to (or as	a consequence of	):									
8760,	cate be executed physician and the burial-transit	dlcal	N.	d											
9	ng ph as th	Med	IF FEMALE:												
Вох	leath certifica attending pt ifor use as th	an/	23b. Was decedent pregnant in the past 12 months?	23c. ff yes, outcome 1 ☐ Live birth	of pregnancy 2 Fetal death	3 □Ectopic pr	egnancy				2:	d. Date of de			
	The law requires that the death certificate has been signed by the attending page 2 should be detached for use as	Physiclan/Me	1 ☐ Yes 2 ☑No 9 ☐ Unknown	4 ☐ Pregnant a 9 ☐ Unknown	t time of death	5 Other (sp	ecity)					Month	Day Year		
P.O.	hat the ad by		Part fl. Other significant condition	s contributing to death h	ut not resulting in	the underhing o	01100 01100	in Cort I		220 Did to			the cause of death?		
Records,	sign sign d be	0	•	,	at the fooding in	and distalling of	ause given	inirant.					obably 4 Dunknown		
00	w requir been si should	ete								-			, –		
Re	he lav e has ige 2	Completed							_	24a. Was a autop perfor	sv	prior to death?	Itopsy findings available completion of cause of		
tal		0	25. Was case referred to medical	T				OC Dises -	4 D	1 ☐ Yes	2 🔯 No	1 🗆 Yes	2 No		
of Vital	Physicism: this certific ral director,	ToB	examiner? 1 ☐ Yes 2 ☒ No	Hospitaf:	ent 2 ER/Outo	patient 3 DO	Other			(Check only or e 5 ☐ Resid		Other (Con	-6.3		
10	ਦੂ ≑ ਛ		27. Manner of Death	28a. Date of Inju	ry 28b. Tir		8c. Injury a Work?			3d. Describe h			cny)		
jor	ath. or: Aff	ate	1 Matural 5 ☐ Pending 2 ☐ Accident investiga	ion	y / 6a/)	M		s 2 🗆 No	0						
Division	i or Attending Phatter death. Director: After the in by the funeral	Certification:	3 ☐ Suicide 6 ☐ Could no 4 ☐ Homicide determin	28e. Place of inj	ury - At home, farn c. (Specify)	n, street, factory	, office		28	Bf. Location (S City or Tow	treet and	Number or Ru	ural Route Number,		
	itai o ırs aft rai Di lled ir														
	To the Hospital or Attending within 24 hours after death. To the Funeral Director: After completely filled in by the funer	Medical	29a. Certifier (Check only one)  1 Certifying 2 Medical Ex	Physician: To the best eminer: On the basis o and manner st	f examination and/	death occurred a or investigation,	at the time, in my opir	, date and phion, death	place, ar occurre	nd due to the c d at the time, o	ause(s) a late and p	nd manner as lace, and due	stated. to the cause(s)		
	To T To I	Σ	29b. Signature and title of certifier	110-	X	2	. License r			2	9d. Date	signed (Monti	h, Day, Year)		
			· COV	rece	190	) 0	46257	7			9	12/06			
C	T 10		30. Name and address of person wh									-			
	, , ,		Edwin Castaneo	a, MD 103	324 Old C	cean Ci	ty B	Lvd.	Ber1	in, MD	2181	1			
	Sta Registr		SEP 2 0	2006	324 01d (	Goode									

06-06947 Randolph Go Rai

# Please Type or Print in Black Indelible Ink

Physici		1- For State Registrar		Ce	rtificate of	Death	Mental Hy		eg. No. 2	0000	1.1
l Exami		Decedent's Name (First, Middl RAN	e,Last) NDOLPH MEN	IDON GOO	DDSON			Date of Dear     Month		3. Time of D	eath
		4a. Facility Name (if not institutio		mber)	4	b. City, Town, or L	ocation of Death	Septembe	4c. County of		
uneral		1329 Gold Meadow W  5. Social Security Number		7. Age (In yrs.	last birthday)	Edgewood  If Under 1 Year	If Under 24Hrs.	8 Date of Bir	Harford	Birthplace (State	-
irector		089-62-5151	1X M 2 F		28 Yrs.	Months Days	Hours Min.			Foreign Country NEW	
any		Usual Residence of Decedent  10a. State 10b. County		Iana Citu	, Town or Location			1 00/1	0/15/0		
* .	Ŀ		KINGS	Toc. City	, rown or Locatio		7			10d. Inside (	•
Mental Hygiene. marked other than "natural", or items 23a or 23a-f show event, the Medical Examiner must be netified at once.	Director	10e. Street and Number				10f. Zip Code		10	0g. Citizen of Wha		
23a or netifie		703 FRANKL					1238		USA		
items ust be	Funeral	11. Marital Status  1 X Never Married 2 Ma	arried Armed Fo		.S. 13. Was	13. Was Decedent of Hispanic Origin? (Specify Yes or No- If Yes, specify Cuban, Mexican, Puerto Rican, etc.)  14. Race - American India White, etc.					
ial", or	J. F.		1 Yes  orced If Yes, Give Year  or Dates:		1	Yes 2X No	specify:		Specify:	BLACK	
"natural Examin		15. Decedent's Education (Spec Elementary/Secondary (0-12)	cify only highest grad College (1-		16a. Decedent's during mos	s Usual Occupationst of working life. D	n (Give kind of w	ork done	16b. Kind of Busi	ness/Industry	
Hygiene. other than the Medical	Completed	11	College (1-	-4 OI 5+)	SEC	CURITY GU	ARD		HOUS:	ING	
Hygic d othe		17. Father's Name (First, Middle,	e (First, Middle, Maiden Surname)								
Mental marked	To Be	RANDOLPH BARKE  19a. Informant's Name/Relationsh		Address (Street a	THERESA	GOODSOI	her City or Town	State Zin Code)			
Health a d item 27 is r traumeti		THERESA LEWIS /	MOTHER		1					ND 21040	
ment of Health a d Mental tant: If item 27 is marked or other traum tic event,		20a. Method of Disposition  1 Burial 2 Cremation	3 X Removal fro	20b.	Place of Dispositi crematory or othe	ion (Name of ceme	tery,	Date		ity or Town, State	
Department of Heal Important: If item injury or other tra		4 Donation 5 Other Sp 21. Signature of Funeral Service		RC		CEMETERY	9/2	6/2006	LINDEN, NEW JERSEY		
in p Pep		. 6 . –	- Coley	nan	22. Na	me and Address of LISA S	COTT FUN	NERAL HO	OME, P.A. ZRE DE GE		21078
edical iminer	Examiner	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	a. Gunshot Wo Due to (or as a b. Due to (or as a c. Due to (or as a	consequence o	f): f):					Between O	
n and  - tra		UNPENDED	dAMENDED								
18 18				utcome of pro-		······			193d Date of de		
the attending physician and ted for use as the burial - transit	hysician/Med	IF FEMALE: 23b. Was decedent pregnant in the past 12 months?  1 Yes 2 No 9 Unkr	1 Live bit 4 Pregna death 9 Unknow	rth ant at time of wn	Fetal 5 Othe	er (Specify)	Ectopic pregnan	ncy	23d. Date of de Month	1	'ear
the attending p	d by Physician/Medical	23b. Was decedent pregnant in the past 12 months?	1 Live bir 4 Pregna nown 9 Unknow	rth ant at time of wn	Fetal 5 Othe	er (Specify)		23e. Did tot	Month	•	eath?
cate has been signed by the attending page 2 should be detached for use as the	ompleted by	23b. Was decedent pregnant in the past 12 months?  1 Yes 2 No 9 Unkr  Part II. Other significant condition	1 Live bir 4 Pregna nown 9 Unknow	rth ant at time of wn	Fetal 5 Othe	er (Specify)		23e. Did tot	Month  Dacco use contribu  2 ✔ No 3  n 24b. We y pric dea	te to the cause of de Probably 4 Urre autopsy findings in to completion of ca	eath? nknown available
сеті́лсаte has been signed by the attending p ector, page 2 should be detached for use as th	Be Completed by	23b. Was decedent pregnant in the past 12 months?  1 Yes 2 No 9 Unkr  Part II. Other significant condition  25. Was case referred to medical examiner?	1 Live bir 4 Pregna death 9 Unknow	rth ant at time of wn death but not re	2 Feta 5 Othe	er (Specify)  derlying cause give	en in Part I.  Death (Check or	23e. Did tot  1 Yes  24a. Was a autops perforr  1 Yes 2  nly one)	Month  Dacco use contribution  2 V No 3  In 24b. We price dearmoned?  N 1 V	te to the cause of de Probably 4 Ur re autopsy findings or to completion of ce th?	eath? nknown available ause of
After this certificate has been signed by the attending p funeral director, page 2 should be detached for use as th	To Be Completed by	23b. Was decedent pregnant in the past 12 months?  1 Yes 2 No 9 Unkr  Part II. Other significant condition  25. Was case referred to medical examiner?  1 ✓ Yes 2 No  27. Manner of Death  1 Natural 5 Pendin	Hospital: 1 In 28a. Date of FOUND:	patient 2	2 Feta 5 Othe esulting in the und  ER/Outpatient 3 28b. Time of Inju	26.Place of 3 DOA Othury 28c. Injury 28c. Injury 2	Death (Check or ner; Nursing at Work? 2	23e. Did tot  1 Yes  24a. Was a autops perforr  1 Yes 2  nly one)  Home 5 F	Month  Dacco use contribution  2 V No 3  In 24b. We price dearmoned?  N 1 V  Residence 6 V Cow injury occurred	te to the cause of de Probably 4 Ur re autopsy findings or to completion of ce th?	eath? nknown available ause of
after death.  Director: After this certificate has been signed by the attending p I in by the funeral director, page 2 should be detached for use as the	ertification: To Be Completed by	23b. Was decedent pregnant in the past 12 months?  1 Yes 2 No 9 Unkr  Part II. Other significant condition  25. Was case referred to medical examiner?  1 ✓ Yes 2 No  27. Manner of Death  1 Natural 5 Pendlic 2 Accident Invest  3 Suicide 6 Could determ	Hospital: 1 In  28a. Date o FOUND: Sep 14, 2  28e. Place	patient 2	2 Fetal 5 Other soulting in the und	26.Place of 3 DOA Othury 28c. Injury 28c. Injury 2	Death (Check or ner'4 Nursing at Work? 2 No Sding, etc. 2	23e. Did tot  1 Yes  24a. Was a autops perforr  1 Yes  24h. Was a fine perform  24f. Location (Stopped States)  28f. Location (Stopped States)  28f. Location (Stopped States)	Month  2  No 3  1  24b. We price dea  No 1    Residence 6    Ow injury occurred    reet and Number of ate)	te to the cause of de Probably 4 Ur re autopsy findings or to completion of ce th?	eath? iknown available ause of No
24 hours after death.  Funeral Director: After this certificate has been signed by the attending p. lely filled in by the funeral director, page 2 should be detached for use as it.	Certification: To Be Completed by	23b. Was decedent pregnant in the past 12 months?  1 Yes 2 No 9 Unkr  Part II. Other significant condition  25. Was case referred to medical examiner?  1 ✓ Yes 2 No  27. Manner of Death  1 Natural 5 Pending 1 Pending 1 Could determ  29a. Certifier 1 Certifying Phy  (Check only) 1 Certifying Phy	Hospital: 1 In  28a. Date o FOUND: Sep 14, 2 28e. Place (Specify)  (sician: To the best- niner:On the basis of	patient 2 If Injury Day, Year) 2006 of Injury - At ho Multi-Famil of my knowledg examination ar	2 Fetal 5 Other solutions in the unconstitution of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of	26.Place of 3 DOA Ott 28c. Injury a 1 Yes factory, office builded at the time, date	Death (Check or ner's Nursing at Work? 2 No Sding, etc. 2	23e. Did tot  1 Yes  24a. Was a autops perform  1 Yes 2  hly one)  Home 5 F  28f. Location (Stort Shot)  28f. Location (Stort Shot)  28f. Location (Stort Shot)  28f. Location (Stort Shot)  28f. Location (Stort Shot)  28f. Location (Stort Shot)  28f. Location (Stort Shot)  28f. Location (Stort Shot)  28f. Location (Stort Shot)  28f. Location (Stort Shot)  28f. Location (Stort Shot)  28f. Location (Stort Shot)  28f. Location (Stort Shot)  28f. Location (Stort Shot)  28f. Location (Stort Shot)  28f. Location (Stort Shot)  28f. Location (Stort Shot)  28f. Location (Stort Shot)  28f. Location (Stort Shot)  28f. Location (Stort Shot)  28f. Location (Stort Shot)  28f. Location (Stort Shot)  28f. Location (Stort Shot)  28f. Location (Stort Shot)  28f. Location (Stort Shot)  28f. Location (Stort Shot)  28f. Location (Stort Shot)  28f. Location (Stort Shot)  28f. Location (Stort Shot)  28f. Location (Stort Shot)	Month  2 No 3  1 24b. We price deal of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the p	Day  The tent to the cause of desertion of cautopsy findings or to completion of cath?  Yes 2  Other: Scene  Or Rural Route Number and Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion	eath? Iknown available ause of No
24 hours after death. Funeral Director: After this certificate has been signed by the attending pell filled in by the funeral director, page 2 should be detached for use as the content of the pell filled in by the funeral director, page 2 should be detached for use as the pell filled in by the funeral director.	edical Certification: To Be Completed by	23b. Was decedent pregnant in the past 12 months?  1 Yes 2 No 9 Unkr  Part II. Other significant condition  25. Was case referred to medical examiner?  1 ✓ Yes 2 No  27. Manner of Death  1 Natural 5 Pending 1 Pending 1 Could determ  29a. Certifier 1 Certifying Phy  (Check only) 1 Certifying Phy	Hospital: 1 In In In In In In In In In In In In In	patient 2 If Injury Day, Year) 2006 of Injury - At ho Multi-Famil of my knowledg examination ar	2 Fetal 5 Other solutions in the unconstitution of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of	26.Place of 3 DOA Ott	Death (Check or ner; 4 Nursing at Work? 2 No Sding, etc. 2 1. and place, and death occurred at t	23e. Did tot  1 Yes  24a. Was a autops perform 1 Yes 2  Party one)  Home 5 F  28d. Describe hot  Carlown, State 329 Gold M  Jue to the cause the time, date a	Month  2 No 3  n 24b. We price dea 1  Residence 6 V  ow injury occurred  reet and Number of ate) eadow Way, E  (s) and manner as and place, and due	Day  The tent to the cause of desertion of cautopsy findings or to completion of cath?  Yes 2  Other: Scene  Or Rural Route Number and Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion of Cath Completion	eath? iknown available ause of No
nours after death.  neral Director: After this certificate has been signed by the attending p filled in by the funeral director, page 2 should be detached for use as the	edical Certification: To Be Completed by	23b. Was decedent pregnant in the past 12 months?  1 Yes 2 No 9 Unkr  Part II. Other significant condition  25. Was case referred to medical examiner?  27. Manner of Death  1 Natural 5 Pendil 1 Pendil 1 Pendil 1 Pendil 1 Pendil 1 Pendil 2 Pendil 1 Pendil 1 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 1 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil	Hospital: 1 In  28a. Date o  FO Month: 1  Sep 14, 2  28e. Place (Specify)  Assician: To the best viner: On the basis of and manner sta	patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patien	2 Fetal 5 Other sulting in the und sesulting in the und sesulting in the und sesulting in the und sesulting in the und sesulting in the und sesulting in the und sesulting in the und sesulting in the und sesulting in the und sesulting in the und sesulting in the und sesulting in the und sesulting in the und sesulting in the und sesulting in the und sesulting in the und sesulting in the und sesulting in the und sesulting in the und sesulting in the und sesulting in the und sesulting in the und sesulting in the und sesulting in the und sesulting in the und sesulting in the und sesulting in the und sesulting in the und sesulting in the und sesulting in the und sesulting in the und sesulting in the und sesulting in the und sesulting in the und sesulting in the und sesulting in the und sesulting in the und sesulting in the und sesulting in the und sesulting in the und sesulting in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in	26.Place of 3 DOA Ott 128c. Injury a 1 Yes factory, office builded at the time, date in, in my opinion, de	Death (Check or ner   Nursing at Work?   2	23e. Did tot  1 Yes  24a. Was a autops perform 1 Yes 2  Party one)  Home 5 F  28d. Describe hot  Carlown, State 329 Gold M  Jue to the cause the time, date a	Month  2 No 3  n 24b. We price dea 1  Residence 6 V  ow injury occurred  reet and Number of ate) eadow Way, E  (s) and manner as and place, and due	te to the cause of de Probably 4 Ur re autopsy findings in the completion of certific the Probable of Probable of Certific Completion of certific Completion of certific Completion of certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of	eath? iknown available ause of No
24 hours after death. Funeral Director: After this certificate has been signed by the attending pell filled in by the funeral director, page 2 should be detached for use as the content of the pell filled in by the funeral director, page 2 should be detached for use as the pell filled in by the funeral director.	edical Certification: To Be Completed by	23b. Was decedent pregnant in the past 12 months?  1 Yes 2 No 9 Unkr  Part II. Other significant condition  25. Was case referred to medical examiner?  27. Manner of Death  1 Natural 5 Pendil 1 Pendil 1 Pendil 1 Pendil 1 Pendil 1 Pendil 2 Pendil 2 Pendil 1 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil 2 Pendil	Hospital: 1 In  28a. Date o  FO Month: 1  Sep 14, 2  28e. Place (Specify)  Assician: To the best viner: On the basis of and manner sta	patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patient 2 patien	2 Fetal 5 Other soulting in the und sesulting in the und sesulting in the und sesulting in the und sesulting in the und sesulting in the und sesulting in the und sesulting in the und sesulting in the und sesulting in the und sesulting in the und sesulting in the und sesulting in the und sesulting in the und sesulting in the und sesulting in the und sesulting in the und sesulting in the und sesulting in the und sesulting in the und sesulting in the und sesulting in the und sesulting in the und sesulting in the und sesulting in the und sesulting in the und sesulting in the und sesulting in the und sesulting in the und sesulting in the und sesulting in the und sesulting in the und sesulting in the und sesulting in the und sesulting in the und sesulting in the und sesulting in the und sesulting in the und sesulting in the und sesulting in the und sesulting in the und sesulting in the und sesulting in the und sesulting in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und session in the und sessi	26.Place of 3 DOA Ott 28c. Injury a 1 Yes factory, office build d at the time, date in, in my opinion, de 29c. License ni	Death (Check or ner   Nursing at Work?   2	23e. Did tot  1 Yes  24a. Was a autops perform  1 ✓ Yes 2  nly one)  Home 5 F  28d. Describe hot  28f. Location (St or Town, St 329 Gold M  tue to the cause the time, date a	Month  2 No 3  2 No 3  24b. We price dea 1  Residence 6 No injury occurred and Number of attelling each of the signed signed and place, and due 29d. Date signed	te to the cause of de Probably 4 Ur re autopsy findings in the completion of certific the Probable of Probable of Certific Completion of certific Completion of certific Completion of certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of Certific Completion of	eath? Iknown available ause of No

DHMH 17 Rev 1/2001

ORIGINAL

_			1 - For State Registrar	Sta	te of M	aryland / [	Ce _i	artment of H rtificate of I	lealth and I Death	Mental Hy	/giene Reg. No.		31499
	Physici /Medio		1. Decedent's Name (First, Mide Donald Andre		er, Jr					2. Date of D Month Septem	Day	y 18, 2006	3. Time of Death 12:00 P M
	Examir		4a. Facility Name (If not institution Suburban Hosp.	-	und number)			4b. City, Town, or Betheso	Location of Death	1		. County of Death	
	Funeral Director		5. Social Security Number 210-24-5727	6. Sex		ge (In yrs. last bir 71	thday) Yrs.	if Under 1 Year Months Days	If Under 24 Hrs. Hours Min.	(Month, D	rth a <i>y, Year)</i>		olace (State or Foreign ntry) Sylvania
	rland ow		Usual Residence of Decedent 10a. State 10b. Count	у		10c. City, Town	n or Lo	cation					10d. Inside City Limits
	death with the Maryland me 23a or 28a-f show rmust be notified at	ctor	Maryland Mo	ontgome	ry	Sí	lve	r Spring					1 ☐ Yes 2 ☑ No
	with th	Director	10e. Street and Number	~				10f. Zip Code			10g. Citi	izen of What Cou	ntry?
	leath v	Funeral	11978 Andrew		s Decedent	Ever in U.S.	13.1	209 Was Decedent of H		pecify Yes or N	0-	USA 14. Race - Ameri	can Indian
920	hours after of turel', or Iter al Examiner	þ	1 ☐ Never Married 2 🕱 Ma 3 ☐ Widowed 4 ☐ Divorce	rried 1 [	ned Forces? XYes 2 □			Was Decedent of H f Yes, specify Cuba 1 ☐ Yes A No		o Rican, etc.)		Black, White, Specify:Whit	etc.
21215-0036	nai "nai	Completed	(Specify only high Elementary/Secondary (0-12)		ileted) llege (1-4or:	5+)	(Give life. I	dent's Usual Occupa kind of work done of DO NOT use retired	during most of wor )	king	16b. Ki	ind of Business/In	dustry
d 2.	filed v Hygie other t		12 17. Father's Name (First, Middle	, Last)		Re	ece:	iving Gia	nt Food 18. Mother's Nan	ne (First, Middle	. Maiden		Retail
Maryland	2 should be filed within and Mental Hygiene. Is marked other then eumatic event, the M.	To Be	Donald Andrew Hauser, Sr. Marjorie Hiltner										
lary	2 shot and h ls ma	G 3	19a. Informant's Name/Relation		•			g Address (Street a			-		
altimore, M	s 1 and 2 of Health Item 27 I		Mary Ann L. F	auser/	wire			8 Andrew				ng, MD 2	
	it. Page rtment c rtant: If njury or		1 ☑ Burial 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other (	Specify)	I from State		ЕНе	sition (Name of natory or other plac aven Cemete	ry	2006	Silve	er Sprin	g, Maryland
Bal	Depending Indiana		21. Signature of Funeral Service	Licensee	le			ramend Address					, MD 20901
	Physician /Medical Examiner		23a. Part1. Enter the disease . shock, or heart failure. Lis Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions,	a. Ari	chythm Due to (or as ocardi	ia a consequence d al Infar	of):		g, such as cardiac	or respiratory a	arrest,		Approximate Interval Between Onset and Death
68760,	ificate be executed g physicien and as the burial-transit	edical Examiner	if any, leaving to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	_{c.} Cor	conary	Artery a consequence of	Dis	sease					
P.O. Box 6	death certif s ettending id for use as	Completed by Physician/Me	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1 ☐ Yes 2 ☐ No 9 ☐ Unknown	1 4	Live birth	of pregnancy 2  Fetal death t time of death		Ectopic pregnancy Other (specify)			2	23d. Date of delive Month	ery Day Year
	requires that the een signed by th nould be detache	ed by P	Parl II. Other significant condit						en in Part I.		tobacco u Yes 2[		ne cause of death?
of Vital Records,	The law re ate has be page 2 sho	omplet		···						24a. Was auto perfe 1 Yes		24b. Were autoprior to codeath?	psy findings available mpletion of cause of
Vita	Physicien: this certific ral director,	Be	25. Was case referred to medic examiner?	al Hospital				100	26. Place of Dea	th Check only	one)		
ion of	Jing After fune	ation: To	1 ☐ Yes 2 ☑ No  27. Manner of Death 1 ☑ Natural 5 ☐ Pendi 2 ☐ Accident invest	28a.	1 ☐ Inpatie Date of Inju (Month, Da	ry 28b. T	_	28c. Injury Work	4   Nursing H	ome 5 Res 28d. Describe		6 □Other (Specification of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of th	y)
Division	To the Hospitel or Attent within 24 hours effer death To the Funeral Director: completely filled in by the	Certification:	3 ☐ Suicide 6 ☐ Could 4 ☐ Homicide deten	not be nined 28e.	Place of Inj building, et	ury - At home, fai c. (Specify)	eet, factory, office		28f. Location ( City or To	Street and wn, State,	d Number or Rura )	I Route Number,	
	ne Hospi n 24 hour ne Funera	Medical (	29a. Certifier 1 Certifyi (Check only 2 Medica	Examiner: On	To the best the basis of d manner sta	f examination and	death doring	occurred at the tim restigation, in my op	e, date and place, pinion, death occur	and due to the red at the time,	cause(s) date and	and manner as s I place, and due to	tated. o the cause(s)
		ž	29b. Signature and title of certific	no (		De	3	29c. License	number 34472			e signed <i>(Month,</i> otember ]	
	10+1		30. Name and address of person Lynne Diggs,				υ _θ , 1Cu	Print)	, #206, I	Kensingt	con,	MD 20895	5
	Sta Registr		31. Date filed (Month, Day, Year SEP 2	0 2006				and I					

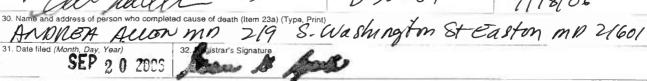
Please Type or Print in Black Indelible Ink. Ensure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygien 31500 1 - State Registrar Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** CHARLES CLEVELAND HAMILTON, JR. SEPTEMBER 18 2006 10:27AMM /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner MEMORIAL HOSPITAL EASTON TALBOT 5. Social Security Number Funeral 7. Age (In yrs. last birthday) If Under 1 Year | If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) Birthplace (State or Foreign Country) Days Hours Months **XX**M 2□ F 76 Director Yrs 107-22-7764 AUG 6, 1930 **NEW YORK** Usual Residence of Decedent the Maryland 10a State r 28a-f show 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ¥Yes 2 □ No Completed by Funeral Director MD TALBOT EASTON 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? or iteme 23a or 20 VICTORIA COURT 21601 USA 12. Was Decedent Ever in U.S. Armed Forces?

1 Yes 2 No 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. filed within 72 hours after 1 Never Married 2 Married Baltimore, Maryland 21215-0036 ō other traumatic event, the Mudical Exert 1 ☐ Yes 2 ☐ No 3 Widowed 4 Divorced Specify: WHITE natural 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Pages 1 and 2 should be filed within nent of Health and Mental Hygiene. int: if item 27 ie marked other then Elementary/Secondary (0-12) College (1-4or 5+) 12 DRAFTSMAN DEFENSE CONTRACTOR 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be CHARLES CLEVELAND HAMILTON, SR. ဥ ADA E. VANINWEGAN 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 29431 STONEY RIDGE CIRCLE, EASTON, MD 21601 MONICA DIZE KELLY/NIECE 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) Date 20c. Location - City or Town, State Department of H important; if ite any injury or of once. 1 ☐ Burial 2 🛣 Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) CHESAPEAKE CREMATION CTR 9/20/2006 STEVENSVILLE MD 21. Signature of Funeral Service Licensee 22. Name and Address of Facility FELLOWS, HELFENBEIN & NEWNAM FUNERAL HOME PA 200 S. HARRISON ST EASTON, MD 21601 JOHN R. MERCERON 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory a shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final Em holeson **Physician** disease or condition houn resulting in death) /Medical Due to (or as a consequence of): Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events Examiner Due to (or as a consequence of): The law requires that the death certificate be executed use as the burial-transit resulting in death) Last Due to (or as a consequence of) attending physicien for use as the buria Box 68760. Physician/Medical IF FEMALE: 23c. If yes, outcome of pregnancy 1 Live birth 2 Fetal death 23d. Date of delivery 23b. Was decedent pregnant 3 Ectopic pregnancy in the past 12 months? Month 4☐ Pregnant at time of death 5 Other (specify) P.O. P 1 Yes 2 No 9 Unknown 9 Unknown Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23e. Did tobacco use contribute to the cause of death? Division of Vital Records, Be Completed by 1 ☐ Yes 2 No 3 Probably 4 □Unknown 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? abetee 1 ☐ Yes 2 ☐ No or Attending Physicien: 25. Was case referred to medical 26. Place of Death | Check only one Hospital: Cther: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 ☐ Yes 2 X No 1 Inpatient 2 ER/Outpatient 3 DOA this 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28b. Time of 28d. Describe how injury occurred within 24 hours after death. To the Funerel Director: After 1 Watural 2 Accident 5 Pending investigation 1 Yes 2 No the 6 Could not be 3 ☐ Suicide in by t 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) determined 4 Homicide 1 Secretifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a, Certifier Medical

State

31. Date filed (Month, Day, Year)

29b. Signature and title of certifier



Registrar

29d. Date/signed (Month, Dey, Year)